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CASE OF POISON FROM A VEGETABLE FUNGUS; *together with Remarks on Professor* ROSSI'S *two Cases of* SUPPOSED *Rabies Canina; by* SAMUEL ARGENT BARDSLEY, M. D. *Physician to the Manchester Infirmary.*

To the EDITORS of the MEDICAL and PHYSICAL JOURNAL.

Gentlemen,

I Trust you will consider the following case worthy of insertion in your widely-extended Journal, as it serves to point out one of the many unsuspected and frequently undiscovered causes of some alarming and anomalous disorders, which have perplexed practitioners in their treatment of children. I have no doubt, but great numbers of this class of patients fall a sacrifice to their ignorantly partaking of poisonous vegetables, both in a wild and cultivated state. Young children are prone, from hunger, curiosity, or diversion, to eat all kinds of vegetables which fall in their way; and ought, therefore, to be strictly watched and cautioned against so dangerous a practice. Whenever a healthy child becomes suddenly afflicted with the peculiar symptoms about to be described, it may be readily inferred, that some vegetable poison has been conveyed to the stomach. This supposition will lead to the speedy adoption of those remedies which are best calculated to save the life of the patient.

On the 29th of last month, I was called upon, at six in the evening, to visit Master S. aged five years, the son of a gentleman living at Ardwick, near this town. His parents informed me, that he went out to play in perfect health, after eating a moderate dinner, with a companion of nearly his own age, in the fields adjoining the town;

and in about two hours was led home in a state of alarming illness. He seemed to stagger like a person intoxicated, and with odd gesticulations, laboured to express his sufferings, but was unable to articulate a single syllable. When I saw the patient, which was probably about two hours after his first seizure, he appeared partially delirious, and uttered faint and indistinct screams. His pulse was slow, small, and somewhat irregular. The pupils of both eyes were much dilated, and the vision evidently imperfect. He seemed very averse to lying down, and his restlessness and impatience led him to make frequent attempts to walk about the room, but without any fixed object or design. His gait and gestures were those of a person inebriated. He was unable to answer any questions, or to express his feelings by words. Slight convulsive motions might be perceived in the legs and arms, which gradually extended to the muscles of the trunk, and produced irregular distortions of the whole body. The upper extremities began to swell, and assumed a livid colour, and the abdomen felt hard, and rather turgid. From the peculiarity and suddenness of the attack, I was led to conjecture, that the patient had swallowed some poisonous vegetable substance. But the fact could not be ascertained at the time, as his companion was far from being well, and too much alarmed and confused to give any satisfactory information. No time, however, was to be lost. The spine and extremities were rubbed with a volatile linniment (which happened to be at hand) until a warm bath, and stimulating glyster, could be prepared. He was almost *immediately* placed in a bath, of the temperature of 100 degrees, (the warm water being in readiness at a neighbouring dye-house) where he was suffered to remain for the space of ten minutes. On getting into bed, the glyster was administered. Pills, with calomel and extract of jalap, were soon after got down. A profuse sweating come on, which was supported by supplying the patient with lemon-whey, and other warm diluents. In about twenty minutes from the exhibition of the glyster, a copious stool was procured. The patient, who had become more tranquil from his first entrance into the bath, seemed *now* to be greatly relieved. Soon after, a vomiting of an offensive and greenish-coloured fluid supervened; and this operation was followed by a plentiful discharge from the bowels (but nothing could be discovered in either of the evacuations, which might serve to strengthen the supposition of the patient having swallowed any deleterious substance). An evident

abatement

abatement of the most untoward symptoms *immediately* succeeded. The dilatation of the pupils had almost disappeared. His pulse became firmer, and was increased from 70 to 90 beats in a minute. The patient was likewise able to articulate with tolerable distinctness; but he seemed like a person just roused from a long and deep sleep, unconscious of any thing that had happened to him. I directed the purging pills to be repeated during the night, until a complete evacuation of the bowels had taken place. The next morning, I found my patient, with the exception of some degree of languor and debility, entirely recovered from this severe attack. Upon strictly questioning him and his companion, it appeared, they had mistaken one of the fungi, a *species* of the *agaric,* for the mushroom; and that my patient had eaten a considerable quantity of this poisonous vegetable, while in the fields. His companion had eaten a smaller portion, and therefore escaped with, comparatively, little injury. If timely assistance had not been administered, this child would, most probably, have fallen a sacrifice to a fatal, and not uncommon mistake, with children of his age. It may not be improper to remark, that if I had been called to this patient at the commencement of this malady, I should have thought it highly expedient to have prescribed *an emetic*; but considering that sufficient time had elapsed, provided any vegetable poison had been introduced into the stomach, to admit of its passage into the bowels, I directed my first efforts to procure a plentiful evacuation by stool.

Permit me, Gentlemen, to subjoin the following observations and comments, which have been suggested by the perusal, (in a late number of your Journal) of Professor Rossi's reports on the efficacy of Galvanism, in two cases of *supposed* rabies canina. The fatal malignity of this disorder, which has hitherto baffled the skill and sagacity of our most eminent practitioners, will, I trust, sufficiently apologize for an attempt to investigate how far these reports may be entitled to confidence and approbation. Rational scepticism, on medical reports, ought to be entertained by every medical person, who feels a due sense of the utility and importance of the healing art; but especially with regard to those statements, in which it has been asserted, that diseases of the most *refractory* and *incurable* kind have yielded to remedies, either before unknown, or revived from the authority of obselete and neglected empirical records. The instances, in which the power of several remedies, in the treatment of formidable diseases, has been

greatly exaggerated, are too recent and notorious to require any mention to be made of them here. Hence the necessity of receiving with due caution reports of a similar kind, for a too easy credulity is liable to be converted into obstinate scepticism; and thus the medical art sustains serious injury. How many valuable remedies have sunk into unmerited neglect, from the injudicious commendations bestowed upon them by over-sanguine and sometimes interested reporters! Unfortunately, an attachment to the marvellous, which possessed the older systematic writers of the continent, when treating on the subject of hydrophobia, seems to have been transmitted *unimpaired* to their medical successors. Even the accurate Morgagni has mistaken totally distinct diseases for the genuine hydrophobia, as his quotations from Marcellus Donatus abundantly prove.* Indeed, if we were to give implicit credit to the reports of modern French and Italian authors on the cure of hydrophobia, there is no complaint more effectually and readily to be subdued.

But when these statements are cautiously examined, there will appear just grounds for suspicion, that some other diseases have been confounded with canine madness; for an aversion to, and difficulty in, swallowing liquids, are often the concomitants of hysteria, and occasionally are to be met with in tetanus, and other spasmodic diseases; and likewise not unfrequently arise, from the influence of imagination † operated upon by terror, in those persons who have had reason to believe, that they were bitten by a rabid animal. I am afraid these remarks but too justly apply to the supposed cases of hydrophobia, under consideration. From my own observation of three fatal cases of *rabid* hydrophobia, (two of which fell under my immediate care) and from an attentive and diligent inquiry into the nature and history of this disease, I am induced to believe, that Professor Rossi's cases do not belong to those of *genuine* hydrophobia, or canine madness. I shall now proceed to point out the *defective testimony* in the statement of these reports, as well as the *want* of *accuracy*, in the conclusions drawn from them. It would indeed

* See Miscellaneous Observations on Canine and Spontaneous Hydrophobia (by S. A. Bardsley, M. D.) in the fourth Volume of the Manchester Memoirs.

† See Hamilton on Hydrophobia, and the 4th volume of the Manchester Memoirs.

indeed have been more satisfactory to have perused the original communication; but I must take it for granted, that every material circumstance in the history of these cases, has been transcribed from the author's account. It is of importance, in the first place, to observe, that no proofs are adduced in these reports of the actual madness of the dogs, at the time the patients sustained the injury. Persons, who are bitten by dogs, too readily admit the presumption of the animal's madness, and neglect the proper means to ascertain so important a circumstance. But even if the fact be admitted, it does not necessarily follow, that the infection must take place. For it is notorious, that not one dog in forty, supposed to be mad, is really so affected; and moreover it is a fact, founded on the observation of a great number of instances, that upon the average, no more than one person * out of twenty-five that have been exposed to the bite of dogs unquestionably rabid, has become infected with the disease. It is likewise of consequence to remark, how strongly the first patient laboured under the *impression* of *terror* from the nature of the accident; and also that he had cauterized himself with boiling oil, and the actual cautery, in order to excite a long suppuration. What degree of inflammation and irritation were excited in the parts thus treated, is not stated; but it is not unreasonable to imagine, it must have been very considerable, and equal to the production of the very acute pain in the patient's neck, from which he was relieved by some internal composing medicines. But another train of symptoms followed, which certainly denote a general derangement of the system: such as, a severe pain in the head, and dizziness, (which were relieved by an emetic.) These were succeeded by violent pains in most of the joints, particularly in those of the neck and back; and, finally, the patient was seized with terror at the sight of water, attended with convulsions of the lower jaw; and it is further stated, that he felt, as the disease advanced, a propensity *to bite*. With the exception of the hydrophobic symptoms, there does not appear in this description of the disease, any characteristic traits of canine madness. Great stress, indeed, seems to be laid on the *disposition to bite*, as a symptom peculiarly characteristic of the disease: Yet so far is the "cupiditas mordendi" (which enters into

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* See Dr. Hunter's Paper in the Transactions for improving Medical Knowledge, vol. I. p. 295.

the definition of *hydrophobia rabiosa* of Cullen, and other systematic writers) from being a pathognomonic symptom of canine madness, that it very rarely occurs, and then only at the close of the disease, when the patient, exhausted by watchfulness, impatience, and anxiety, falls into a temporary delirium. That this symptom depends merely on an *association of ideas*, strongly impressed upon the imagination, during the temporary delirium, is clearly proved from the fact of its never occurring in those patients who are ignorant of the nature of their malady; and consequently whose minds are not liable to be impressed with notions of the disease having originated from the bite of a rabid animal. The last victim of this dreadful malady, who fell under my care about ten months ago, died *unconscious of the nature* of his complaint, and never discovered the slightest inclination to *bite*, or imitate any of the actions* of the animal which had caused his sufferings. I have no hesitation, therefore, in ascribing the symptoms, exhibited by Professor Rossi's first patient, to the power of imagination, operating upon a nervous and irritable temperament; and which was greatly assisted by the severe treatment pursued, with a view to excite a long suppuration. That hydrophobia, or a dread of water, has been excited by other causes than the poison of a rabid animal, is too well known to admit of dispute. Medical authors abound with histories of supposed canine madness, which may be referred, with great propriety, to mania, solely excited by anxiety and terror. Indeed, it is always difficult to divest the mind of fear, when a bite has been received from an animal supposed io be mad. The case † of the clergyman, near Manchester, strikingly exemplifies the power of imagination, in producing the symptom of hydrophobia. This gentleman experienced the greatest dread of water, from merely visiting one of his parishioners affected with canine madness: nor was he relieved from this notional hydrophobia, but with great exertion and difficulty. In addition to the conflicts of the mind, it appears that P. Rossi's patient suffered from great local irritation of the body.

Two examples are upon record of persons dying under hydrophobic symptoms, from having wounded their own fingers,

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* I may remark here, that the barking of hydrophobic patients, which authors have mentioned, and copied from each other, is merely occasioned by the effort of hawking or coughing up the viscid saliva, which incessantly troubles the patient in this disease.

† See Hamilton on Hydrophobia.

fingers, by biting them in a paroxysm of anger.* May not then the combined influence of bodily and mental irritation be considered as the chief, if not the sole causes of this patient's hydrophobic symptoms? — The truth of the supposition will be further strengthened, when we consider the total absence, in this case, of some of the most characteristic marks of canine madness; such as, the desire of solitude; a copious flow of viscid and ropy saliva; stricture at the throat, with occasional apprehensions of immediate suffocation; restlessness of the body, and a marked aversion to a recumbent posture. Now, all these symptoms, in a greater or lesser degree, invariably accompany every instance of *rabid* hydrophobia.

Case of sudden Death from a morbid Affection of the Brain; with the Appearances on Dissection. By John Clarke, M.D. and Thomas Bradley, M.D. Physicians to the Assylum for Female Orphans.

THE following Case is recorded as one among many, which prove that the brain, though an organ of great importance to the functions of life, admits of very considerable alterations in its structure, and for a great length of time, without the existence of any symptoms which excite the attention of the patient.

A. B. aged 11, an orphan in the Assylum, had enjoyed such good health during the whole time of her residence there, as never to have been admitted as a patient into the Infirmary on any account; and upon inquiry, it does not appear that she had ever made any complaint to any of the other children, of any pain or sickness. On the contrary, on the morning when she was attacked with the disease, of which she died, she had been playing with the other girls, and in very good spirits.

On Thursday, October 4, whilst she was in the school, employed in needle-work, she was suddenly seized with a most violently acute pain in the pit of the stomach, so that she was not able to walk without assistance. She was immediately taken to the Infirmary, (a distance of about sixty yards) and in the space of a very few minutes she expired. On

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* See Mem. de la Soc. Roy de Medicine, Paris, Ann. 1783, Comment & de Boerhav. Aphorism.

On the following morning, October 5, her body was examined, under the direction of Mr. Howard, surgeon to the Institution, and in the presence of the writers of this Report.

The attention was, of course, first directed to the cavity of the abdomen, where she had complained of pain; but on a minute inspection, all the contents of this cavity were found perfectly sound.

The thorax was next subjected to examination, but no disease of any part was found there, both the lungs and heart being quite in a healthy state.

The contents of the skull were then exposed; and the first circumstance which attracted attention was the unusual vascularity of the upper surface of the pia mater, the vessels upon which were much larger than they are usually found. At the anterior part of the brain, the division between the two hemispheres, upon taking off the dura mater, was less perfect than it is commonly found; and at this part, between the tunica arachnoides and p[illegible], there appeared a quantity of water which e[illegible] upon making a small puncture with a scalpel. The subs[illegible]e of the brain did not exhibit any unusual appearance; but upon cutting into the lateral ventricles, there was found a much larger quantity of water than is natural to those cavities, yet not enough to produce any probable effects from pressure, or distention, and there was no extravasation of blood either on the surface of the brain, or in the ventricles.

The brain was then carefully removed, for the purpose of inspecting the under surface. The general appearance was natural; but under the middle lobe of the left side there was a cyst, (which contained more than half an ounce of a transparent fluid) one side of which, to wit, the inferior, was apparently formed by the membranes. The upper was formed by the substance of the brain itself, which at this part was hollowed or indented, and was very white, of the colour of the medullary substance of the brain.

The rest of the brain, and the cerebellum, appeared to be in a healthy state.

There can be very little doubt that the sudden death of the patient may be fairly attributed to this cause. Yet the remarkable circumstance respecting it is, that although the disease must have been of very long standing, as is proved by the absorption, or compression of the brain at the inferior part of the middle lobe, where the cyst was formed, yet no symptom indicating any disease of the head had existed

existed till within a very few minutes before her death; even then, the sensation of pain was referred to the stomach, and not to the head, so that it might perhaps even be doubted by some, whether, although the derangement of the structure of the brain above described was found upon dissection, this was in fact the cause of her death.

We are of opinion, however, that such doubts will be removed, when it is remembered that there is a very close connexion by sympathy between the brain and the stomach, and that diseased affections of the former very commonly produce effects on the latter. The sickness which takes place in apoplexy, in injuries of the brain from fracture, extravasation, &c. are decisive as to this. But perhaps there is no circumstance in which this more strongly appears than in puerperal convulsions, which are most frequently excited by organic affection of the brain as an occasional cause; of the approach of which, violent pain of the stomach is sometimes the only symptom. Why, in this instance, the effect which terminated in the death of the [illegible] was produced at that time, or why some symptoms of the existence of so considerable a diseased alteration of so important a part, had not sooner appeared, we do not undertake to explain; but we take occasion to observe, that a case fell within the knowledge of one of the reporters of this case, in which a woman died of a sudden and unexpected attack of puerperal convulsions; and upon the examination of her body after death, a very considerable suppuration of the plexus choroides appeared, which must necessarily have existed before the attack of the convulsions, yet there had been no symptom indicating the existence of any disease of the brain beforehand.

London, October 10, 1804.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

HAVING on a recent occasion found the saw recommended by Mr. Hey of Leeds peculiarly useful, I beg leave to transmit to you a short statement of the case, and a drawing illustrative of it.

I am, &c.

North Shields, Sept. 7, 1804. E. M. GREENHOW.

My

My patient is a sailor of about thirty years of age, who from syphilis had an extensive caries of the os frontis.

I shall pass over the medical treatment, as my intention is merely to prove, *in this case*, the superiority of the above instrument over any other we are possessed of.

He became a patient at the Dispensary here in March 1803, at which time it was thought proper to make a perforation with a trephine, to give exit to any pus that might be accumulated between the cranium and dura mater. This was accordingly done by Mr. Burnet, under whose care he then was.

We found, that the bone was completely diseased throughout, and that the dura mater was thickly covered with healthy granulations.

The diseased bone was denuded, at that time, to the extent of five inches in length, and nearly three inches in breadth in one place, by the ulcerative process, and the scalp was detached to a much greater extent. So that it was deemed impossible at that time to remove it.

Finding at length, as his general health improved, that nature was exerting herself to throw off the diseased bone by a gradual dissolution at its connection with the sound part, it was thought right to assist her in her process by removing at least a part of it.

It had occurred to me, that I should find Mr. Hey's saw useful, when it was found proper to remove the bone. I therefore now sawed across from where the perforation had been made by the trephine, to the edge (marked 1st in the plate) and with great ease removed that portion of the bone marked A. I again found the dura mater covered with healthy granulations.

In my second operation, I divided the bone from the edge marked (1st.) to that marked (2d.) and elevated the portion marked B.

In my third operation, I sawed through the remaining bone C. C. C. longitudinally (marked 3d.) and removed the whole of it without using much force.

The dura mater, throughout, was covered with healthy granulations, and the enclosed drawing is a tolerably faithful representation of the appearance of the wound after the removal of the bone.

I found the saw work with great facility, and the operation each time was finished in a few minutes. I think it will be obvious to every one, that had the trephine been used, it would have been laborious and tedious.

The

Mr. Greenhow's Case of Caries of the Os Frontis.

Printed for Richard Phillips 71 St. Paul's Church Yd. Nov. 1. 1804.

The outline of the bone is faithful, and of the exact size.

I have much pleasure in adding, that my patient is progressively getting well.

To the Editors of the Medical and Physical Journal.

Gentlemen,

When Dr. Jenner first introduced Vaccine Inoculation, I declined adopting it. Inoculation with the small-pox I had long practised without a single loss; I had also fixed opinions in physiology, which militated against what was advanced by himself and his friends. In process of time, however, such a mass of clear, undisputed, decisive evidence came forward in support of the newly-discovered preservative, as to be irresistible to a mind not hardened beyond the susceptibility of conviction; and, consequently, whatever might have been my previous notions, or my habits of thinking, I could no longer persist in the use of variolus matter.

I will not say, that my own practice, in inoculating with cow-pox matter, has been so considerable as that of many others, or that I have made a variety of experiments, with a view to understand or explain any of the phenomena of the disease; but I will say, that in the small-pox, both natural and inoculated, my experience has been ample; and from that experience alone, I *was* enabled to compare the merits of small-pox inoculation with those ascribed to the Jennerian practice. From *my own* experience, then, I can assert, first, that whatever *has been said against the sufficiency of* cow-pock matter, as a security against variolous infection, may be also *said with truth against small-pox matter*, as a similar security. From my own experience I can, secondly, assert, that the subsequent ill effects which *have been said* to follow cow-pox, have, in a ten-fold greater degree, followed small-pox. And lastly, from my own knowledge, I can assert, (and who of long standing in the profession cannot do the same?) that many instances of mortality have happened in small-pox inoculation, whilst amongst *all which has been said*, not a single example appears of death from cow-pox.

In

In behalf of my first assertion, I can recollect numerous facts; but, as I write for the public, and on a most important subject, I will state nothing in support of that assertion, which shall rest solely upon my own credibility or memory; I will, therefore confine myself to the three following cases:—

Mr. John Phillpotts, of this city, well known and esteemed in his profession of the law, was inoculated with the small-pox in his infancy, together with an elder sister, by their father, *with the same* matter, *at the same* time, and both were nursed by the mother, and two persons accustomed to small-pox, of good judgment, and now living. The young lady had the disease to an alarming virulence; the boy's arm inflamed, he was indisposed, and had four or five eruptions on different parts of his body; and Mrs. Phillpotts says, they appeared to her to go on after the manner of other small-pox pustules. In his twenty-first year, I was desired to visit him as being ill with some eruptive fever. He had spots just appearing in different parts of his body; the next time I saw him, nothing but the positive assertion of himself and his friends, that he had had the small-pox, could have made me doubt that they were variolous. On the following day that doubt was entirely removed. He had a plentiful crop of pustules of the distinct kind, which went regularly through their stages of suppuration and scabbing.

In September 1794, I inoculated a daughter of Mr. John Rudhall, of this city, with matter, which *I had taken myself* from a variolous subject. The child's arm inflamed, she was indisposed, and had a few eruptions, which did not suppurate. About twelve months after, I inoculated her again, and she had then the distinct small-pox, with all its usual circumstances.

Mr. Cooke, an eminent apothecary of this city, desired me to see a patient, who had some years before been inoculated by a practitioner of respectability and experience, for the small-pox, together with ten others, in the Gentleman's own Small Pox House. The patient supposed that he then received and went through the disease, and the inoculator assured him of it. When we visited him, he was then blind with small-pox, which went through its usual stages.

In support of my second assertion, I need not stake my own credibility at all. My experience can only coincide with the testimonies already before the public, of the small-pox rousing up scrophula in all its malignant varieties,

ties, and being followed by phlegmons, ophthalmia, &c. while nothing beyond cutaneous eruptions has, to the best of my recollection, been imputed to the cow pox.

But as to my third assertion, its truth is so universally known, that all proof is unnecessary.

I shall go then to the inferences to be drawn from what has been premised. From the cases supporting the first assertion, it appears, first, either that some individuals may receive the small-pox infection twice; or, else, that the patient may be infected to a certain degree with variolous matter, but not so as to make an indelible impression on the constitution. In either case, their inoculation with the small-pox has no advantage, as a protecting security, over the cow-pox. Let it be said, that the practitioner who inoculated the patient supposed to be infected a second time, was, in the first instance, either inattentive or deceived by doubtful appearances; or that the first time his patient was not inoculated with real small-pox matter, or with small-pox matter in a proper state. To the first supposition, it must be answered, that in the general practice of cow-pox inoculatoin, it is not to be believed that operators will be more sagacious, more discriminating, or more attentive than their predecessors have been in small-pox inoculation; and to the second, that similar errors are just as likely to prevail in vaccine inoculation: So that the conclusion must be, either that there are individuals, in whom the susceptibility of the small-pox is not destroyed by a well-conducted process either of the cow-pox or small-pox inoculation; or that, in the instances, when either the one or the other failed to secure the individual against future small-pox, the process did not go so far as to make the proper impression on the constitution; or lastly, that in the inoculation, improper matter must have been used; *which, however, could not have been the case in the two first examples given above, in proving my first assertion.*

Three instances have been brought forward, amidst the voluminous writings for and against the cow-pox inoculation, where it failed of securing the patient against small-pox; two by Mr. Goldstone, of Portsmouth, and one in the London Papers of the beginning of this month. Whether the patients were inoculated with genuine cow-pox matter or not, I will not inquire; I will admit their weakening our confidence in vaccination to a certain degree. But these three failures, amid the collected experience of the Profession in general, are not met by the experience

experience of a single individual, in a provincial town, with an equal number of cases, equally weakening our confidence in small-pox inoculation. In this repect, then, let the two inoculations be supposed to stand upon equal grounds. But let the *consequences* of one be weighed against those of the other, and the scale of vaccination must incalculably preponderate. In immediate danger to the individual, in remote mischief to his constitution, the cow-pox has infinitely the advantage. To this let us add, that while with *the cow-pox* the practitioner, at the worst, injures no one except his patient, *with the small-pox* he may deal misery and destruction among his neighbours, far beyond the limits of his operating; that in the one he is continually risking the dissemination of a loathsome and mortal disease, while in *the other* he is conducing to the extermination of that pestilence from among mankind. Let us, then, turn to common sense, and ask her, which she would prefer?

I am, &c.

Gloucester, Oct. 6, 1804. CHARLES BRANDON TRYE,
Senior Surgeon to the County Hospital

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE observations which have lately appeared in some of the newspapers on the subject of vaccine inoculation, though calculated to excite doubts and fears among the timid and ignorant, yet must fill the minds of those, who with an attentive and impartial eye have watched the rise and progress of this practice, with the greatest indignation.

There is a set of beings in the world so void of just principle, that they constantly oppose whatever is brought forward for the public good. From the first publication of Dr. Jenner's discovery to the present hour, we have seen them ever on the watch, and ready to catch at any event, which might give the smallest pretext for misleading the public in the pursuit of that grand object, the extermination of the small-pox. The late occurrence in Fullwood's Rents has called up one of these malignant spirits, who with an air of exultation tells us, that two children who had

had been vaccinated some years ago at the Small-pox Hospital, in St. Pancras, are now supposed to be labouring under the small-pox communicated by contagion. Let us admit the fact, and let us admit too, for it must be admitted, that perhaps there is scarcely a street in the metropolis, or a country town in the British realms, where the same kind of disaster which has happened in Fullwood's Rents may not appear. The reason must be obvious to every perron who will give himself the trouble of reflecting on the subject. The new practice of inoculation has been by many taken up in a hurry, and set on foot without due attention to the rules given for its management. In short, that it has been practised by those who did not understand it, does not admit of dispute. This was fully explained to the Committee of the House of Commons, whose time was occupied several successive weeks in an investigation of the merits of vaccine inoculation, and who reported to the House, their full conviction of its efficacy.—Do you conceive, Gentlemen, that names so celebrated in medical annals as Cline, Home, Farquhar, Baillie, Ash, Blane, Lettsom, Knight, Denman, Ring, Saunders, and many others of the highest character, would have so solemnly born testimony before a committee of their country, in favour of vaccination, if they had not been, by previous experiment, positively certain of its importance? Without similar conviction, would distant nations have made presents to Dr. Jenner, and their universities have heaped upon him their diplomatic honors? There are two ways of doing a thing, the right and the wrong. A person may possess the perfect vaccine matter, such as will produce the guardian pustule; but by managing it injudiciously, or from not knowing all the phenomena of the disease, he fails, and produces one thing for another. There are few practitioners of long standing, and of extensive practice as inoculators of the small-pox, who have not witnessed cases of casual infection after they supposed their patients secure by inoculation. A paper of Dr. Jenner's, published in your Journal for August last, seems to throw much light on this obscure subject; and from the circumstance of the two children in Fullwood's Rents being of the same family, there is great reason to believe that they were under the influence of that disease, which he describes as a frequent impediment to taking either the small-pox or the cow-pox properly.

I repeat again, Gentlemen, that we must be prepared for events similar to those which the newspapers have recorded,

corded, while the great work of exterminating that horrid pest the small-pox is going forward. To be convinced that it is going forward, in every part of the world, with a rapidity which its most sanguine promoters could hardly have conceived, we have only to turn our eyes to the continent of Europe and America, and particularly to our settlements in India. That it is not only advancing rapidly but successfully, in many of the largest towns of France, Germany, Italy, Switzerland, &c. &c. we have the most satisfactory proof; and also that the small-pox, which heretofore had committed its destructive ravages among them, is now scarcely known but by name; and while, at home, we are looking upon the Author of this blessing with a cold indifference, he is there the object of enthusiastic regard, and almost idolatrous veneration. In many parts of the world, the Jennerian inoculation was introduced inauspiciously. Prof. Odier of Geneva, began with matter he procured from Vienna, taken from an imperfect pustule. His inoculations were consequently incorrect, and found his patients assailable by the small-pox. But what course did he pursue? Did he, like some of our people at home, decry the practice? No,—he wrote to Dr. Jenner, who furnished him with proper matter and correct instruction, and vaccination went on from that time in so perfect and rapid a manner, that in the large and populous city of Geneva, the small-pox has long since been subdued. For the truth of this statement the reader may refer to German Annals of Medicine or the French. One might go on to any extent, in detailing facts relative to the efficacy of vaccination; but it would be unreasonable to encroach farther on your pages with a subject already so satisfactorily discussed. Yet permit me to make one observation more on the paper in question. That if such writers, instead of indulging their malvolence or prejudice, would exert their understanding, and would give to the subject of vaccine inoculation that share of attention which it deserves, they would at once behold its true and solid importance, and co-operate with those philanthropists whose labors will finally remove one of the greatest impediments which human happiness ever knew.

Oct. 9, 1804. A LOOKER-ON.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I CONCEIVE that your very valuable and esteemed Journal must be highly important to the medical world, inasmuch as it affords a ready and easy channel for the conveyance of medical truths and practical observations; a few plain and well authenticated facts being of more real utility in the practice of physic, than whole volumes of theoretical disquisitions; and I consider it an obligation incumbent upon every member of the profession, to contribute, as far as it may lay in his power, towards the promotion of medical science; for in a subject buried under so much obscurity as that of the animal economy, it is not to be wondered at, that the practitioner should be often embarrassed in his prescription, and obliged to regulate his conduct by conjecture or uncertain analogy. Impressed with the importance of this idea, I shall beg leave to state what has been the result of my experience with regard to the operation of a remedy, which, although generally known, does not seem to have had that attention paid to it which its merits appear to me to demand.

I am firmly persuaded, that we have not in the whole Materia Medica a more useful or powerful agent than *nicotiana*, when properly administered, in cases of strangulated hernia, or obstinate constipations of the bowels; as, for the most part, they arise from spasmodic stricture. I do not know a remedy that is equally efficacious, its almost immediate effect being that of inducing a state of general relaxation; a state the most favourable that can possibly be conceived for the relief of such complaints.

The principal objection which I understand to have been raised against its more frequent use, is the alarming state which its operation often induces; but it should be recollected, that the patient's life is in a much more perilous state previous to its exhibition, for it is only to be employed when all the more lenient remedies have failed in producing the desired effect.* I have applied it myself,

* Nicotiana, although so valuable a medicine, ought to be employed with great care and discrimination; Mr. Astley Cooper has stated two instances in which it has proved fatal. The late publication of this eminent surgeon on the subject of hernia will be read by every student who has a due regard to his professional improvement.

and have seen it applied, in a variety of cases, and do not know a single instance of its failure. In two cases, which have fallen under my own particular observation, the success of its application will appear to have been of the most decisive nature. The cases, as they apeared in succession, I shall now take the liberty to lay before you.

Mary Brett, a woman of a naturally healthy and vigorous constitution, became a patient of mine, labouring under symptoms of strangulated hernia. Upon examination, I found that she had inguinal hernia on both sides; in that on the left, the intestine was evidently strangulated; she had very severe pain in the part, attended with nausea and vomiting. She had not had any evacuation downwards for three days previously to my seeing her. I attempted to reduce the hernia by the usual mode of practice, such as placing the patient in a supine posture with her knees elevated, and brought nearly in contact, to relax the facia of the thigh; then applying gradual and moderate pressure to the tumour, but without effect; and, indeed, the operation could not be persevered in, the pain it occasioned was so intolerable that she would not suffer me to persist. I ordered for her the following pills, ℞. Ext. colocynth. comp. ʒß. calomel pt. gr. xij. opii gr. j. M. fiat pil. vj. cap. ij. omni. 2nd. hora donec alvus respond. In the intermediate time, oily enemas were directed to be thrown up, and the hot bath to be made use of.

It was in the afternoon that I saw her. I called again on the following morning, to see what effect these remedies had produced, when I found the symptoms rather aggravated than appeased; the pills were retained for about an hour, and then ejected from the stomach; the pain in the tumour continued with unabated violence, attended with a spasmodic constriction of the abdomen; and there was evidently an inversion of the peristaltic motion of the intestine, a quantity of stercoraceous matter being contained in the vessel in which she had discharged the contents of her stomach. Conceiving now that no time was to be lost, I mentiond to her friends the necessity of performing an operation, as the only probable chance of preserving her life; but this they strongly objected to, urging that, at her advanced period of life, little advantage could be derived from an operation; and, indeed, it could not be insisted upon with any degree of confidence on the part of the practitioner, but might rather be considered as the forlorn hope. *Nicotiana* now became the dernier resort, of

of which I ordered a drachm of what is vulgarly called shag tobacco, to be infused in a pint of boiling water, and two-thirds of this infusion to be injected immediately; the remainder in half an hour, if the former should not have had the desired effect. Upon my next visit I was very much surprised to find my patient entirely relieved from her complaint; the enema had operated almost immediately after its application, the hernia was reduced, the pain had subsided, and nothing now remained but to support the patient's strength by cordial and tonic medicines.

Thomas Cause, a young man about twenty-three years of age, by trade a compositor in a printing-office, became a patient of mine for the cure of colica pictonum. His disease was characterized by the following symptoms: violent pain about the umbilical region, extending across to the right hypogastric region; nausea, and vomiting of bilious matter; body costive; pulse full, and rather turgid. In addition to these symptoms he had violent spasmodic contractions about the abdominal cavity; the pain which it gave rise to was so distressing, that he cried out like a woman in labour, and the parts became so sensible to the touch that he could not bear the slightest pressure, not even that of the bed clothes. ℥x of blood were taken from him, an emetic was administered, and an aperient mixture directed to be taken, with a view to evacuate the bowels. On my next visit I found that these remedies had not afforded any relief to the patient; the vomiting and pain continued as violent as ever, and no evacuation had been produced by the opening mixture. I now directed an oily enema, with thirty drops of tinct. opii, to be thrown up, and the warm bath to be made use of; I likewise prescribed for him six grains of calomel to be taken immediately. I saw him again on the next day, which was the fourth from the attack, when I found that the bowels continued obstinately constipated, no evacuation having been produced by any of the means made use of; the patient was evidently sinking from the constant action that had been kept up during this time; the spasms were so frequent and distressing, that he could get no rest. I now determined to try the *nicotiana,* in the same proportion as in the before mentioned case, when I am happy to say its effects were equally decisive and beneficial; its operation induced a state bordering upon syncope, and the evacuation which followed was so profuse that it became necessary to check it by opiates, and to support the patient

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by nourishing broths and cordial medicines. He continues well, and has not had any unpleasant symptoms since.

(*Query*) Might not this remedy be employed with good effect in cases of tetanus and trismus, as they depend upon spasmodic contractions of the muscular fibres?

I am, &c.

St. John's Square, Sept. 22, 1804. MICH. BARTLETT,
Member of the Royal College of Surgeons,
and Apothecary to the Finsbury Dispensary.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FROM a supposition that the successful treatment of a Case of Leprosy may not be unacceptable to the readers of the Medical Journal, I beg leave to offer to their notice a brief account of the disease, with the remedies employed, and the reflections resulting therefrom.

A boy, the son of a *Hampshire* farmer, 15 years of age, had for the space of six months previously to his application to me, been subject to violent itching in different parts of his body; and when I saw him, his body and limbs were thickly covered with scales of a scabby scurfy nature, which when removed, the parts underneath exhibited an inflamed surface, of a hue inclining to copper colour. Supposing from the history of the case, as related by his parents, that his disease had been either occasioned, or greatly aggravated, by his mode of living, which it appeared had consisted chiefly of smoke-dried and salted provisions, change of diet was naturally the first indication of cure that presented itself; I therefore desired he might be allowed a sufficient quantity of fresh animal food, fruits, and vegetables, and prescribed a calomel purge, with the following alterative boluses and ointment, ℞. Calomel ppt. gr. ij. Pulv. antimonialis, gr. ix. Opii. gr. iſs. Cons. rosa. q. s. ft. Bol. no. ix. Capt. j. ter de die. ℞. Hydrarg. muriat. gr. viij. Adipis suilla ℥ij. M. ft. Ungt. part afft. applicandum. nocte maneque. By persevering in the use of these remedies, with little variation, for the space of six weeks, the white scurfy scales intirely disappeared, and the subjacent parts began to assume their natural colour; the only thing that now remained to be effected was the cure of several

veral deep fissures in the palms of his hands, which I considered as being truly characteristic of the disease, and frequently a concomitant symptom; but the remedies so eminently useful in curing the other morbid parts, had no power over these fissures; and after trying argent. nitrat. with a variety of other means, I was obliged to have recourse to blistering, which had the wished-for effect, producing such a degree of excitement on the cutis vera, as to enable it to throw off the diseased action that it had been so long accustomed to, and which rendered it necessary to employ stimulating dressings.

This is the only case of leprosy which I have had under my care, except one that occurred during my public services; and the hands were, in this case also, the most difficult to manage, which I think would never have been cured without blistering. From the history of the boy's case, it would appear that unwholesome food was in some measure the remote cause of his complaint; and though the cutis vera is the seat of this disease, and may therefore be considered as partaking more of the nature of a local than general affection, yet such medicines as have a tendency to promote the secretions, and produce alterative effects on the mass of humours, must consequently be acknowledged as useful auxiliaries. The scabrous incrustations, so shocking to the eye of the spectator, and hateful to the patient, I conceive to be occasioned by rubbing and scratching the cuticular excretory vessels, which being wounded, pour out their contents on the surface. If this be the case, it will appear evident, that stimulating applications, or such as allay the itching sensations, and produce those which are diametrically opposite, or painful, must have a good effect, by immediately striking at the root of the evil, and relieving the patient from the disagreeable necessity of using his nails; but in all inveterate cases, when the skin has acquired an unusual degree of thickness, the warm bath will certainly become absolutely requisite; and the Bath waters, so famous for cutaneous diseases, may have a two-fold virtue, by cleansing and softening the skin, as well as stimulating it, thereby enabling the absorbents to carry off that surcharge or redundancy of fluids, which have been collected on the surface. An objection may be made to this mode of procedure, on a supposition that turning the current of humours, which Nature seems to have directed to the skin, may eventually produce complaints more terrific in their consequences; but for my part, I should conceive such an opinion to be merely chimerical; and I mention it because

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it appears to me, the only one that can be urged against a practice, which I consider both safe and salutary, when the habit is every day undergoing some change by means of proper regimen. And however specious such reasoning may appear, it can never be advanced as an established theorem, whilst the practice recommended has the broad basis of experience for its foundation.

During my studies at a celebrated medical school, the flour bag was the only application then in vogue for Erysipelas, from an idea that it was dangerous to employ refrigerants; medicines of this class are frequently termed repellents, and it would have been a happy circumstance for many patients, if their medical attendants had not been frightened out of their wits, at the thought of this terrible name *repellent!* The famous Cullen, when treating on Erysipelas, seems to conceive that no other application, save meal or flour, is admissible, except when there is a sense of throbbing in the inflamed part, indicating suppuration; yet I must dissent from such an opinion, though sanctioned by so great a writer, in this instance; for if the refrigerant plan was resorted to in the early stages of the disease, suppuration would rarely happen. The Doctor does not speak in positive terms with respect to the nature of this disease, that is to say, whether it be local or constitutional; yet he says, he never knew a translation of the inflammation from the limbs to other parts; and when it happens that the affection of the face is communicated to the brain, he supposes it to be entirely caused by the spreading of the inflammation. Does not this, at once point out the necessity and propriety of having recourse to refrigerants, without leaving the work entirely to Nature, and trusting to flour as the only local application? My practice, in every case of erysipelas, has been invariably the following, which I shall endeavour to illustrate by annexing a case that occurred to me the other day. I was desired to visit the wife of a labouring man, whom I found with a shocking erysipelatous inflammation in her face; her pulse, full and frequent; in fine, she was in a complete state of pyrexia. I immediately bled her, sent a cathartic with a refrigerant lotion, composed of a weak solution of cerussa acetata, desiring that her face might be kept constantly covered with wet linen rags, and renewed as often, and as cold as possible. By this treatment, her face, in less than 24 hours, was free from inflammation; and her eyes, which before were perfectly closed with the swelling, were now restored to their natural state. Hence it appears how extremely fallacious theories are, when

when unsupported by the unerring guide of experience; and I do not conceive that in 999 cases out of 1000, any of the dreadful consequences would occur, which have so frequently been the concomitants of this disease, when treated agreeably to the dogmas of scholastic instruction.

I am, &c.

Romsey, Hants, Sept. 25, 1804. RALPH CUMING.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

LOOKING over a vol. of your very interesting Journals the other day, my attention was arrested by a paper on the Ophthalmia of hot climates, by a gentleman signing himself D. Whyte, M. D. whom I take to have been Surgeon, or Mate, to one of the men of war then lying in Aboukir Bay. I think it is contained in No. 37, dated March, 1802. He there very gravely informs his readers, that nature has most providentially supplied the eyes with eyelids for their protection, and with tears for the purpose of moistening them. He attributes inflammation of the eyes generally to "expansion of the humours and dilatation of the vessels from the intense heat and vivid rays of the sun, and accounts for the imperfect vision accompanying this species of inflammation, (in which species, however, he says the inflammation is not at all perceptible) from the alteration of the medium through which the rays of light pass. He instances a case of an acquaintance of his, who fell asleep on the rock of Gibraltar, with his eyes wide open, who recovered, notwithstanding, without the aid of a surgeon. The Doctor laments that this person had not put himself under his care, that he might have had an opportunity of assisting nature, by frequent applications of astringent lotions, and by *tapping the aqueous humour*, and reducing its expanded bulk to the standard quantity, sufficient to collect the rays of light into a focus on the retina. Being no doubt a skilful operator, he entertains no apprehension of suffering more to escape than might be necessary; but it does not seem to occur to him, that when, by the use of his styptic lotions, the tunics, with their contents, were reduced to their natural bulk and capacity, the por-

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tion he had drawn off would be wanting to direct the condensed rays to their usual focus.

This affection of the eyes, or, according to Dr. Whyte's definition, this "imperceptible" kind of inflammation, is nothing more than what every body experiences, in a lesser degree, in coming from a very light room into a dark apartment. The organ of vision, accustomed to the continued glare of the sun during the day, is not acted upon by the faint light of the night, and requires no other treatment than that the patient remain in a darkened apartment for a couple of days, when the functions of the eye are perfectly restored. Soldiers and sailors, who are much exposed during the day, are very subject to this inconvenience, on their first arrival in a hot climate; but I have never heard it complained of by troops, who had been resident there for any length of time; nor are the negroes at all subject to it, though they are exposed with their heads uncovered all day long at their field labour.

The next species the Doctor takes notice of is, "when the vessels of the tunica albuginea have alone suffered," means no doubt a real inflammation of the external tunics of the eye. He places his chief dependance on astringent lotions and styptic tinctures, applied with a hair pencil to the eyes, and, according to circumstances, leeching, opening the veins, arteries, &c. which, no doubt, the use of his astringents and styptics would, in most cases of active inflammation, produce a necessity for. He does not here approve of scarification; but in the next page he is so much an advocate for it, that he condemns the French physicians for not adopting it, and presumes to suppose that they know nothing at all about ocular inflammation. He takes occasion in this place to suppose, that could his tonics and astringents be applied to internal inflammations, a universal panacea might be discovered! Now I do not see what might prevent the doctor from confirming this ingenious theory, by injecting into an inflamed bladder some corrosive sublimate, dissolved in ardent spirit, or any of his stimulating tinctures. Or, in case of gastritis or enteritis occurring in the course of his practice, he might drench his patients with similar draughts. I do not by any means agree with the Doctor, that those inflammations are produced by heat and light alone, for in the hottest situations, where the temperature of the day and night is uniform, they are not found to be frequent; but prevail chiefly in places that experience a considerable difference in this particular. That this is the case on board ships lying in harbour, in tropical climates,

climates, is well known; and I am told that the climate of Egypt is remarked for the difference of temperature between the days and nights. The reflection of heat and light from whitened squares and streets, or from light sandy beaches, is no doubt a considerable cause of ocular inflammation. My personal, as well as general practical experience, leads me entirely to differ from the Doctor, and substitute mild, cooling, subacid applications, such as the pulp of fruits, or scraped potatoe, to his tonics and stimulants, during the inflammatory stage; when that is passed, a mild astringent wash, much diluted, may perhaps be used with advantage; I have found cold water most beneficial. The eyes must be protected from the breeze, as well as from intense heat and light, for a considerable time after the cure.

I am, &c.

Tullamore, Ireland, Aug. 18, 1804. PETER HAWKER.

P. S. In your number for May, 1802, I find some cases of a disease by Mr. Chevalier, which he denominates catarrhus suffocativus, or coryza trachealis. In relating the history of those cases, it is singular that he does not take the smallest notice of the state of the trachea until after death, though he dwells on the state of the head and thorax, particularly as he found in each case, after dissection, that the trachea had been inflamed, and had indeed been the sole seat of the disease. A case of this kind occurred to me about four years since. An old gentleman, whose constitution was much debilitated, from a life spent in every kind of excess, complained to me one morning of a sore throat, attended with considerable pain. On examination, I found the glands and fauces somewhat inflamed; I prescribed some opening medicine, and the steam of hot water and vinegar to be inhaled twice or thrice in the day. About two o'clock the next morning I was sent for, and found him sitting up in his bed, unable to lie down from pain and difficulty of breathing, and looking exceedingly wild and alarmed. He was unable to speak, and his respiration was so sonorous that it might be heard at the hall door. I ordered some blood to be taken from him, and a blister to be applied to his throat; but it was too late, he died in half an hour. Had I seen this gentleman in the evening, and discovered the affection of his trachea, which was so obvious the next morning, a blister would in all probability have saved his life.

To

To the Editors of the Medical and Physical Journal.

Gentlemen,

THE well-known axiom, that "prevention of disease is better than cure," cannot be more forcibly illustrated, than in the melancholy, horrible affection, which is the object of concern in the present paper.

The great importance of the subject of glandular obstruction and consequent disease, will ensure me the attention of every chirurgical artist, particularly at this period, when the laudable spirit of scrutinizing enquiry and ardent research so perseveringly exerts its never-ceasing efforts for the public good. The very name of cancer carries along with it the ultimatum of misery; nor does the dread it always inspires, fail to contribute largely and rapidly to its production; accelerates its increase and mortal termination. To lessen this dread, to calm the agony of anticipated suffering, and to afford a reasonable hope that such evils may frequently be altogether prevented, are objects of interesting magnitude.

The conduct of young men attending public hospitals, and surgical lectures, confirms the opinion that, unhappily, it has too often been deemed more honourable to the surgeon to perform some of the greater operations of his art with a certain dexterity and dispatch, and thereby remove some loathsome and extensive disease, than to possess abilities capable of superseding the necessity of so frequently operating at all, and by the aid of medical surgery preventing altogether the progressive advances of diseases to that point which renders an operation the *unicum remedium;* but in my humble opinion, there can be no just comparison made between the two practitioners who take these opposite routs, to acquire laudable fame and honorable repute. The man who is capable, from his acquaintance with the resources of Nature, from his sagacity and patient attention, to save the carious leg of a fellow-creature from amputation, and cure it, most certainly ought to rank higher in the scale of merit, than he whose acme of ability consists in a quick and dextrous mode of depriving the sufferer of his diseased limb.

Much has been written, and much said on this great subject, by able persons; still it is certain, that operations are yet oftener boldly and needlessly performed, than timidly and injuriously avoided. From which of these sources

sources mankind have endured most mischief, I shall not attempt to decide; it is sufficient for my present purpose to observe, that it appears to have become quite fashionable, immediately to remove every indurated gland from every part of the body, almost wherever situated, great or small, easy or painful, of long or short duration, in every period of life, in all constitutions; in short, under all or whatever circumstances. No sooner does an unfortunate female (particularly) perceive that she has a lump, as it is called, in her breast, or elsewhere, which was never before recognised, than instantaneously the trumpet of alarm is sounded; terror follows close, and too often brings in its train that positive evil, which, but for sudden and often unfounded suspicion, might have never happened, or at least with ease have been avoided. I am not clearly convinced but that sometimes the conduct of surgeons (especially those who, on all occasions, manifest a strong predilection for the knife) has greatly contributed to produce this mischievous state of matters, by hastily pronouncing almost every enlarged or hardened gland as likely one day or other to produce cancer; and that such gland cannot too speedily be removed.

Now, in order fully to justify this prognosis, and such a mode of doing business, it appears to me necessary that such practitioners should, in the first place, always be able to say exactly what swelling of this description is scirrhous, and may ultimately become cancerous. Secondly, for the satisfaction of his own feelings, and the welfare of his patient, to afford indubitable evidences that his opinion is founded in truth. Unless these rules can always be fulfilled, it has long seemed to me unjustifiable practice to be so hasty in removing parts which might either never be mischievous, or be restored to healthy action by gentle means; many instances have occurred to me, and doubtless a greater number to many of my brethren, where surgeons of considerable ability have pronounced, that nothing but cutting out a tumour could prevent a cancer, when such tumour has afterwards disappeared either from no medical or surgical treatment whatever, from the incantations of some mumbling old Sybil, or the nostrums of some pompous empiric. Whenever this happens, the result does not yield a very grateful feeling to the professional man. Some years ago I removed several enlarged glands from different parts of the body, for persons whose minds had become so terribly irritated, that nothing short of instant extirpation could appease their fears. I am now well assured that most of

of these ought never to have been removed at all, that is to say, by the scalpel. Of late years many cases have I seen of a similar complexion, that have undergone condemnation, relieved and cured by a steady perseverance in the use of appropriate means, when the mind could be brought to rely on such means with that confidence which so powerfully tends to promote the salutary object in view. But after what has been advanced on this side the question, let it not be imagined for an instant, that I mean to assert any thing which shall in the remotest degree tend to induce a false security in the minds of those who are so unfortunate as to labour under a scirrhosity in any part of the body, or prevent the timely use of the knife when it is absolutely necessary; still I contend, that the longer persons thus affected are kept ignorant of the true nature of their disease, (and it is equally the case with regard to many other affections) the greater is the chance of affording them solid assistance by suitable means.

Can it, I would ask, be supposed for a moment, that one of the tumours which are said to be removed without cutting, by the numerous pretenders which infest our country, was really a scirrhous gland or congeries of glands, and which would one day form legitimate cancer? On the contrary, we may truly affirm, that their subsidence was an incontrovertible proof of their not being scirrhous, and of course that they never would have been cancerous; it follows then, that more attention ought to be given to decide the great question, what enlarged gland is reducible to health again, and what is not. I do not hesitate to aver, that it is not every one which is very hard, considerably enlarged, somewhat knotty, or unequally surfaced, and even of some considerable standing, which ought, nolens volens, to be cut out, unless other circumstances correspond to determine, and clearly justify such a modus curandi. But we need not approach so near the precipice of danger; almost every man conversant in practice, is able to satisfy himself if he chooses, that numbers of hard, indolent, easy, unattached, glandular tumours, hastily designed for removal by the knife or caustic, may by other means be gently and safely dispersed, and diseased action finally removed. In short, means may be used to cause the system effectually to do that in an early, quiet, easy stage of the obstruction, which it in vain attempts to bring about when the tumour is become farther advanced, uneasy, or, perhaps, in the first stage of inflammation.

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I am not unaware of the difference of opinion existing between deservedly great men on this subject, and perhaps the scale may turn against me in the present state of practice; but, on the other hand, it would savour of the worst species of slavery for any man, honoured by a share of public confidence in the medical profession, to hesitate a moment in avowing a difference of opinion from those sanctioned by the greatest of names, where truth will bear him out.

We have no certain, indisputable, decided mode of judging what is always absolute scirrhus, irresolvable by any known means; but we take it for granted that all enlarged, hard glands that are resolved were not primarily scirrhous, or ever would be ultimately cancerous; perhaps this conclusion has been somewhat too hastily formed; the powers of medicine over the worst diseases, in their infancy, are very great, which in a more advanced stage would be little or even none at all. A catalogue of chronic distempers might readily be found to prove this, where the first links in the now short chain might by judicious treatment have been straitened, and health re-established, which, where their number, strength and tortuosity is increased, are only hastened onwards to swell the catalogue of opprobriæ medicinæ.

It has been urged with much apparent force of reasoning, that it is better twenty, forty, or indeed any number of hard tumefied glands should be removed, than one remain, which would sometime become open cancer. This argument demands examination. Is the person who has undergone an operation of this kind wholly freed thereby from all future apprehensions? Do they not often argue, and that not irrationally, that what has once happened in this particular respect may happen again? Is the perpetual dread of apprehension much less prevalent in the mind, that some other glandular part may become affected, and require an operation, than that the first swelling may ultimately find no other means of relief than the knife?

The constant anxiety in the one situation cannot be less mischievous than in the other, setting aside the high probability, that out of these twenty, forty, or any indefinite number of cases, two-thirds may not be of the nature of those which, if left alone by the scalpel, will never fail to become finally cancerous; ought not every person afflicted with glandular obstructions, of whatever nature, to be at their first discovery encouraged to hope, they may be dispersed

persed by timely and steady recourse to powerful, general, and local remedies? Should success follow, will any man seriously tell me that the mental feelings of the patient will not be in a far happier (of consequence healthier) state than after endurance of a painful and dreaded operation?

It will certainly be a more satisfactory issue of the business, that the affection was removed by the action of general and local remedies on the system, than by the partial action of the knife, existing afterwards in constant fear of some other part requiring a like treatment; infinitely superior to this is the consideration, that if removed by the proposed means, we may safely assure the afflicted they have not had a scirrhus at all. Contrast this truth with the effect of instantaneous, unhesitating removal of every glandular enlargement that comes under the cognizance of modern practice, under the idea that, if left unremoved, it may some day conduct the owner to an untimely sepulchre. Or, suppose this sentence, which I fear is too common, to be passed on some helpless victim of terror by a practitioner of celebrity; and fear operating too powerfully to permit his advice to be taken, such a person applies to some empirical professed cancer curer, at a distance from home; a combination of causes produce the effect of resolution on the swelling; they return without it. Is not the credit of the art concerned in this result, which has often happened, and indeed does happen almost daily, from rash unjustifiable haste in ascertaining the just nature of the ailment, the constitution, habits, &c. of the patient? How such an event accords with the feelings of the medical artist, it is needless to discuss.

How often does latent venereal taint produce glandular obstructions amongst its multifarious Protæan shapes? Do not temperate surgeons pause in their examinations of doubtful cases, before they recommend the extirpation? Generally I hope they do. That they do not always, I am well convinced from having seen foul obstinate ulcers succeed the removal of tumors which have been cured by the appropriate remedy, after resisting all the other means very considerable ability could suggest. Could this have happened had medicine been preferred to the knife? Has hasty judgment never removed a chronic abscess for a scirrhous tumour? Or, has lurking scrophula never led to error and disappointment?

In short, it is not saying too much to aver our scanty means of acquiring the true definite criteria of legitimate scirrhus;

scirrhus; how necessary then is it to be always guarded in deciding on so important a matter, seeing the most sagacious have been deceived. To discriminate, it is right to pause, and consider the business in every possible view, and all its bearings, before we decide.

I am aware that dwelling on these observations is only reiterating truths, which are daily enforced in our medical schools; yet, as they have seemed of late to be thrown somewhat into the back ground, it is clear no apology is necessary. Some who may perchance read these sentiments, prepossessed with opinions diametrically opposite, boldly adhering to the maxim, that it is better practice to remove twenty doubtful swellings than one malignant one should escape; to all such let it be observed, that it is incumbent on them to save all who consult them as much anxiety of mind and pain of body as they can, and that whilst they steer clear of Scylla, to beware they do not fall into Charybdis. The cutting out an inoffensive swelled gland (comparatively speaking) must always be an operation of considerable importance to the sufferer, whatever may be its situation, or the degree of pain inflicted, inasmuch as it involves in it great previous anxiety, and, most certain, future doubts of its proving a complete preventive of the return of similar affection. I presume no man will take upon him confidently to assure a patient that the taking from him one enlarged indurated gland, will secure him from ever having another; whereas, if this induration and swelling can be removed by general and local powers, the mind becomes at once disembarrassed of every idea of cancer, near or remote; the disease was not scirrhus, it never could be cancer. It will doubtless be observed, that this proposal embraces a serious loss of time to the patient, and a trifling with his health and feelings, if at last recourse must be had to the knife. I acknowledge this would be an invincible argument against internal medicines, local remedies, and delay, were it not more specious than true; it is well known from every day's practice, that tumours may remain (in the breast for example) through the major part of a long life, without pain or disturbance; not that I wish to be understood as an advocate for the practice of letting such tumours alone, because I am well convinced, that long residence in the state before mentioned, is one principal cause of their ultimate mischief and danger; the sooner it is known what is their real nature the better. To acquire this knowledge, it is by no means necessary they should be removed, because the operations of

of nature are commonly regular and consistent, and therefore no quiescent tumour ever does so suddenly become cancerously painful, and assume the decided unequivocal form of occult cancer without sufficient warning; that there is a principle of repugnant hesitation in the human system against admitting and propagating morbid poison or diseased action, is very manifest, and has been treated of by men of eminence; it follows, therefore, from very fair premises, that upon any tumour manifesting indubitable proofs of its irresoluble texture, or creating that kind of uneasiness which is well known as the forerunner of greater evil, it is, to use an homely phrase, all in good time to remove it. But it may well be asked, does it not happen that this point of time proves, on some occasions, too late, cancerous diathesis has taken possession of the system, and, although you have removed the focus of mischief, its radii have made sure of the destruction of the miserable wretch who has trusted his life in your unskilful hands? Such an event is most certainly and securely prevented by not waiting for its commencement; for if inflammation, the necessary precursor of absorption, has not commenced, (and without pain of a peculiar well marked and well understood kind, it cannot commence) there can be no doubt but the operation will succeed as well now as it ever would.

I repeat, then, here is a tumour of some considerable standing in the breast, originating with or without assignable cause; I endeavour to explore the causes, and having a tolerable good constitution to deal with, I commence a certain mode of removing this tumour, which, in all apparently similar cases, has been successful; but here, after a reasonable length of time has elapsed, no advances towards resolution are perceived: I am now justified in removing it by the knife; having done my duty in attempting to cure that without a painful operation, which can now be as safely and securely removed by its performance as though no such attempt had been made. Should success follow in only an equal number of cases, I conceive it will be readily allowed that benefit has been derived from delay, and the adoption of general and local remedies. I trust it will be remembered through the whole of this attempted reasoning, that the cure of cancer, without cutting, is not the great design of the business; but that it is merely an endeavour to prevent the rash removal by the knife of a great number of tumours from various parts of the body, under the idea that they will assuredly some-

time

ime become cancerous, and which are by many surgeons no sooner seen than condemned, sufficient pains not being always taken to ascertain their true nature; the person afflicted is immediately alarmed, and if they do not speedily yield consent to an operation, which may be unnecessary, their misery is certain, and in exact proportion to the opinion entertained of the abilities of their surgeon. On the other hand, if they do consent, the operation itself, the rules enjoined for future regimen, and mode of life, and the dread of sooner or later having to endure the same scene, form a combination of circumstances sufficiently calculated to embitter future existence, and all this in a majority of cases on no just foundation. Is such a situation to be compared with that of a sufferer under a hard glandular tumour, having it gradually removed, and healthy action restored therein? Such a result is not confined in its beneficial effects to success in the first instance, but extends to a well grounded confidence that the same means will always produce like effects in any similar situation. Are surgeons always justified in removing every swelled gland? Is it perfectly clear that such gland can be spared, without injury to the constitution, without laying the foundation of more mischief than its removal is intended to prevent; and although no immediate evil consequences may seem to arise to the system from the loss of so important a part, yet, will any one assure himself that the economy of nature is not thus primarily much deranged, and may ultimately experience great inconvenience from such a deprivation? On the whole, I infer then, that it is more beneficial to sufferers in this way, that all glandular swellings, where application for advice is adopted sufficiently early, be considered as having an highly probable chance of removal without manual operation, the very hope of such an event being calculated to produce its ratification; but if this desirable result do not follow, another, little less advantageous, will, viz. it will then be known to a certainty, whether the disease be scirrhus or not. It may be syphilitic, scrophulous, chronic abscess, or simple obstruction from some now-forgotten bruise or pressure. This knowledge once acquired, is every thing; could it be earlier acquired, it would be still more valuable: but this being so often impracticable, humanity enjoins the institution of the experiment; nor can it with truth and justice be said, that the adoption of this plan will prove a serious waste of time, a tedious procrastination of what must be done at last, a corroding suspence; for,

for, should it fail in one point, its success is sure and determinate in another, both surgeon and patient will be no longer strangers to the nature of the affection the one has to combat, and the other endure; nor will injury to the system be sustained, not one valuable moment having been lost. As to all the good that the knife can be expected to produce, we have as much now in our power as ever we had, with a great increase of satisfaction in the use of the instrument, arising from consciousness of having done all that human ability at present affords, to prevent this dernier resort, which is certainly the greatest glory, on all occasions, a good surgeon can acquire.

To conclude, it ought to be the first wish of every practitioner, that the disease be always duly and clearly characterized, before a word be mentioned of an operation. Let it be a standing established rule, that every surgeon be enabled to say, this tumour is scirrhous, and may become cancerous; it must be removed. Were this the law of conduct, the standing practical rule, I am well convinced that numbers which now are, and in future may be, condemned to the scalpel, will never be attempted to be removed thereby at all. On the other hand, all which ought to be operated upon, would, in good time, undergo the now necessary cure. I am, &c.

Chester, Sept. 24, 1804. GEO. N. HILL.

P. S. I think the foundation of cancerous mammæ has often been laid at the period of weaning infants. The obstruction consequent on this situation is not removed with that scrupulous attention which it ought; the rule should be, that of never remitting the application of suitable means of resolution, until the breast resumes the situation it was in previous to its distention with milk. Some mothers always dry up one breast, either from a sunk or a flat nipple, or one prone to excoriate. This conduct has led to the production of cancer on the ceasing to bear children, or at the departure of the catamenia; to which I am certain of being right when I add, this horrible disease has often resulted from females refusing to perform the most endearing and natural office peculiar to their sex. How much then is it the duty of the humane and attentive practitioner, never to omit an opportunity of using every effort to *prevent* what he is so often doomed to regret he cannot *cure!*

On

ON THE PROGRESS OF MEDICINE; *communicated by*

DAVID UWINS, M. D. *Somers Place, St. Pancras.*

"Vis consili expers mole ruit suâ."

THE rapid progress which science has made within the few past years has exceeded calculation; a disposition to the acquisition of knowledge has pervaded every class and all ranks of society. Every one, in the present day, who is not entirely devoted to sensual gratification, or totally destitute of what alone gives dignity to the human character, and marks the superiority of man; every one is stimulated by the ardour of enquiry, and impelled to the cultivation of his intellectual powers. Philosophy is no longer concealed by the walls of a college, or its advantages and pleasures enjoyed by a chosen few; but, deprived of its former severity, and stripped of its imposing garb, it at length stands revealed to public view; its benign influence is generally experienced, and universally acknowledged.

While, however, we indulge the pleasure arising from the consciousness of the rapid advancement of general science, we cannot but regret that the science of medicine in its progress is comparatively tardy, and that its advancement is by no means proportionate to that of other branches of knowledge. A general enquiry, therefore, into the cause of this, may not, perhaps, prove entirely nugatory.

That that department of knowledge, compared to which, did it accomplish its object, all other sciences were vain and futile, and which must ever be considered as the noblest pursuit which can engage the mind or exercise the talents of man; that a science so grand in its nature and important in its design, should continue almost stationary, while others of less utility and inferior value are found to advance with astonishing rapidity, must occasion surprise and awaken enquiry.

It cannot be denied that the progress of the medical in common with that of all other sciences, has been considerably retarded by the general obstructions to liberal pursuits, superstition, and credulity; but now that the veil

veil of mystery is removed, that the reasoning faculty is exercised more than the senses and imagination, that an universal disposition to impartial enquiry has obtained, it appears that some cause, operating peculiarly to the retardment of this department of knowledge, must be suspected and sought for: and it is, in my opinion, not to be attributed to the undemonstrable nature of the science itself, but to the mode of instruction which is still adopted in the schools and by the professors of medicine.

While in every other branch of education the inductive method of reasoning and instruction has so generally obtained, and in which, hypotheses are always timidly advanced, and published rather as casual suggestions than doctrines requiring belief and attention, Professors being fully aware that those principles alone deserve the appellation of science which stand on the firm basis of facts and experiment;—in medicine, on the contrary, "the *high a priori road*" is still pursued; and, as if conscious of a deficiency in true knowledge, our instructions in this department of education, at least the generality of them, amuse the fancy and exercise the imagination by the promulgation of doctrines, and the formation of systems, for which they have not the authority of either nature or experience.

Professors of the healing art appear to indulge a species of self-deception; and conscious at the same time of the importance of their science, and its imperfect state, so far as demonstrative evidence is required, they endeavour to remedy this imperfection by the substitution of splendid and fanciful hypotheses, by generalizing without facts, and drawing conclusions without data.

Why this disposition to illegitimate generalization should continue in medicine, while it is expunged from other branches of philosophy, I must confess myself at a loss to explain, unless it arise, as I have above hinted, from a consciousness of paucity of real and useful information.

Such vanity and determination, at all events, to support the dignity and splendour of our science, were, perhaps, in some measure excusable, and would not so loudly call for deprecation and censure, were it not positively, as well as negatively, injurious to the interests of society, and greatly obstructive to the advancement of the art: for while dogmas are substituted for facts, and systems for science, our progress in improvement must necessarily be slow.

Let

Let us then no longer deceive ourselves;—let us cease fondly to imagine, that while engaging in endless disputations about unknown principles and imaginary qualities, we *can* be in a state of progressive improvement, or add to the stock of useful knowledge.

The logical positions and metaphysical discussions of the antient schoolmen, are now only mentioned to excite a smile. Reason has at length assumed her empire over the mind of man, and has conducted him to the direct and only safe road of experimental enquiry: Let us then, where it is most required, follow her steps, and be guided by her dictates; extricate ourselves from the trammels of imaginary knowledge, and maintain the dignity of the science of medicine by other than artificial methods. Then, and not till then, will our exertions be crowned by abundant success; then will scepticism be banished from physic, and we shall be enabled, on proper grounds, to assert our claim to public attention and regard.

I shall endeavour to pursue this subject in a future letter, if the Editors of the Medical and Physical Journal do me the honour of publishing the present; till then,

I am, &c.

August 21, 1804. DAVID UWINS, M.D.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE importance of the present subject, as well as its dignity, impresses an anxious solicitude in the breast of every British Soldier, and exacts a due reverence to the object of universal adoration. No doubt can be entertained, that the statement of the particulars of the mortal wound which caused the death of the gallant Abercrombie would be received throughout the medical department of the army with every demonstration of an additional advantage to science, while the community at large would treasure every document as the invaluable memento of an unparalleled display of valour and philosophic resignation when in the bosom of victory, undaunted at the approach of impending dissolution.

 The

The observations of the *real* (vox et præterea nihil) Campaigner have neither the shape of an answer to those of the old Campaigner, nor have they afforded the smallest elucidation to the subject so expressly inquired for.

In my perusal of the old Campaigner's observations, I find nothing like the expression of "wonder that the old General should have fallen a victim, &c." and I think, that if it was possible for the old Campaigner to wonder at all at the dispensations of Providence, the *wonder* would arise from his conviction of the wide disparity in the functions and abilities of *two* individuals, wherein the most worthy and efficient was allotted as the victim.

The *real* Campaigner has very unguardedly thrown an imputation, not of the happiest kind, upon the high professional character of the Field-Inspector, as also upon Mr. Gilham himself. He states, that the Field Inspector did not arrive until after Mr. Gilham had commenced the operation for extracting the ball, and that he then differed in opinion from Mr. Gilham; in consequence, "the General was taken to the Fleet, when he died, &c." It is asserted, that Mr. Gilham had so far proceeded in the operation as to feel the ball very distinctly; if so, why was the operation for extracting it deferred? or, on such an occasion, does it not appear even criminal to delay in the least such a necessary proceeding? What motive could induce any difference in opinion when the ball was distinctly felt by the tactus eruditus of Mr. Gilham; or, what obstacle presented itself, which impeded the progress of the operation, remains yet for further explanation.

I wish further to observe, that as Mr. Gilham so distinctly felt the ball, the incision must have been very extensive; and as the vessels of the limb are very great and numerous, and their situation or vicinity to the neck of the thigh-bone, in which it is said the ball was found after death, requiring much circumspection and dexterity in the operation, it is certainly of great importance to know, what vessels were divided by incision, what parts were wounded, lacerated, or contused, by the entrance of the ball, the quantity of blood lost and effused, and many other important particulars, which I trust will be given to the public. If Mr. Gilham supposes that the medical department of the Army, and more particularly the Staff on the expedition, are so disinterested concerning the history of the case alluded to, as he imagines the public to be; I beg leave to inform him, through the medium of your

your Journal, that a contrary disposition exists throughout, and that the particulars, as well as the removal of the imputation upon professional characters, will meet the approbation of,

Yours, &c.

PHILOMILES.

St. James's Street, Sept. 12, 1804.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE investigation of circumstances the most interesting to humanity, of manifest importance to science, and grateful to the enquiring mind, although arduous the attempt and difficult the accomplishment, should be essayed with a philosophic composure and a strength of intellectual stability, incompatible with the faculties of derision or puerile frivolity.

What subject, at this critical epoch, can appear more important for the welfare of individuals, or solicits more the contemplation of humanity and the exertion of skill, than that object which has given rise to the zealous inquiry of the Old Campaigner? Whoever he is, my tribute of approbation not only for his efforts, which have as yet proved compleatly unsuccessful, but for his spirited and forcible address on the important occasion, in your Journal of August. With every expectation that the medical department of the army of Egypt, of which magna pars fui, will yet receive a faithful history of the death wound of Sir R. Abercrombie,

I am, &c.

Edinburgh, September 11, 1804. MEDICUS.

LETTER IV.

OF QUACKS AND EMPIRICISM.

IT may appear a matter of surprize to some of your readers, that Germany should furnish so large a contingency of doctors, to improve the constitutions of the English;

lish; whilst it may be admitted, that the continent does not afford more prolific sources of impudence than our home manufactories; but the phenomenon will not appear wonderful when it is considered, that no empiric is allowed to exhibit a single nostrum in Germany, which, of course, encourages a greater importation into this country, in which luxury and money are abundant, and consequently enervated constitutions, with an increased avidity to procure their restoration, become prominent features of a luxurious nation.

The state physicians in Vienna act with a dignity and decision unknown here; and where the sovereign head of the empire co-operates with them, in preventing the mischiefs resulting from empiricism, whilst this country opens a ready market for medical fraud, which at the same time is sanctioned by persons in power, for the sake of the revenue arising from patents, an object of higher estimation than the health of the community. In the distinguished period of the late Baron Van Swieten, empiricism never reared its fascinating and destroying head; and my honoured friend, Baron Quarin, told me, that it never would be tolerated; even Mesmer, who made some slight attempts to practise his deceptions in Vienna, escaped by an hasty flight the restraint of a prison; he found, however, an asylum among the cognoscenti and devotees in Paris, where he made more dupes as well as more money, than was effected by his pupil Demanaduke, by Perkins the American, Benamor the Algerine in London, and others who have varied the mode of magnetism; but whose metallic tractors and operations uniformly possess a polarity of attraction to the metallic substances in English pockets. I shall, however, at present dismiss this immense phalanx of Adventurers, who indeed possess a species of character too interesting to be allowed to sink into oblivion, and are truly worthy of being recorded in the annals of empiricism. At the same time I confess, it is not decorous to mention these in the page that contains the names of the illustrious Van Swieten, Quarin, and Ingenhoutz. The amiable and philosophic Ingenhoutz, now I believe deceased, told me, what no other physician ever could say, that he had under his medical care at one time *thirteen* imperial patients; and Quarin, who directs the first hospital in the world, with a spirit becoming his high character, as the physician and friend of the late Emperor Joseph, said to him in his last illness, "Sire,

"Sire, in twenty-four hours your subjects will lose the best of Princes." Let it be recorded to the glory of Joseph, that he immediately gave Quarin a title of nobility and a pension of about £.2000 a year, as a reward of his integrity and merit.

These are anecdotes, which I introduce as likely to entertain some readers, as well as to prove, that whilst I exhibit so many German impostors, I would devote with infinitely more pleasure the tribute of applause to every illustrious character on the Continent; and however great the chasm, I must now sink into a detail of others, whose consequence results from a source as distant from the other's as the poles.

Character IV. Dr. Lamert.

A remarkable concatenation of circumstances has distinguished the origin and progress of twin characters in ancient, as well as in modern times; the latter of which, alone become objects of our present contemplation. From the school of Edinburgh, raised by the first Monro, as from the Trojan Horse, issued an host of heroes; at the same period, a Hunter and a Fothergill, in London; a Cleghorn in Dublin, and a Russell in Aleppo, did honour to their illustrious master. About the same eventful time, a Johnson, the first moral writer, and a Garrick, the first actor, centred, almost as exiles, in the metropolis. So the celebrated Lackington the bookseller, and Lamert the empiric, were twin adventurers; the first, from being an infidel, centred into a mystic devotionalist; and the latter has exhibited no less eccentricity. By birth a German, he found an asylum, as a servant, in the house of Mr. Goldsmith, of Thavies Inn; but, to mend his fortune, when Lackington rented a little shop in Chiswell Street, Lamert rented the next door, where he sold chalk balls to whiten buttons and buckles of a silvery hue. He arrived at such perfection in this art, as for a few pence he would silver over the whole paraphernalia of a suit of cloaths, by which he raised as much money as enabled him to commence a professional doctor. His first outset was a composition of spirit of wine, sweetened and coloured with treacle, which he entitled Swietzer's balsam, from the name of Switzer, in Germany, the place, or the vicinity of the place, from whence this illustrious character originated; and to give efficacy to his medicine, he assumed the title of Dr. Lamert.

This

This self-created Doctor, although he pretended to cure, infallibly, almost every disease incident to the human body, would have lived and died unnoticed, were it not from the reflected lustre of having been the patron of the celebrated Brodum; so, Bucephalus would never have been recorded in history, had he not possessed the honor of carrying the conqueror of the world, Alexander the Great. If the Macedonian hero claim immortality from his wonderful prowess by *land;* Lamert, with equal assurance, lays claim to prowess by *water,* for he delicately insinuates in his bills, "that in any disorder incident to the human body, and the afflicted know not the real disorder, or what it proceeds from, by bringing or sending their morning urine, may depend on having their disorder really informed them, *as the Doctor's admirable knowledge from the urine has established his fame.*"

With the gallantry of his respectable counter-part, Dr. Day, already noticed, he has introduced a postscript, to inform "any lady or gentleman, that he accommodates them with genteel lodgings at his house."

It must, however, be confessed, that a vein of piety is assumed in many of his advertisements, and the sacred name is introduced to sanction deceit, and cover ignorance, whilst he impudently claims "the blessing of God" on the cure of a venereal nose; and by the "intervention of providence," in curing an ulcer in the thigh, intimates that he is "the agent of the Almighty."

It must be painful to every mind of religious sentiment, to observe the levity, if not impiety, of introducing the sacred name to sanction imposition, a conduct indeed of frequent notoriety. To render medicines more successful, or at least so to impress it on the patient, already weakened by disease, and credulous by hope, the Deity is invoked by "*praying doctors,* to bless the means;" and thus, by a miracle, to suspend the operations of nature. Men assuming so high a function, acquire a consequence that merits a distinguished place in your valuable repository, where the names next to be recorded, are Dr. Gardner, and Dr. Benamor. But as Dr. Lamert has occupied so large a portion of your valuable miscellany, I am induced to postpone the history of the illustrious Brodum, as highly worthy of singly occupying a niche, and as exhibiting one of the most brilliant constellations in the galaxy of empirical impostors, commemorated by

IATROS.

MEDICAL ANECDOTES.

ANECDOTES, relating to history or biography, have ever been thought instructive, as well as amusing; that medical anecdotes would be well received by the profession, few will doubt; how far the following (which may be succeeded by others) are deserving of being preserved in the Medical and Physical Journal, the enlightened Editors will determine.

I. Fees of Medical Men.

E. Maynwaring, doctor in physick, in his Praxis Medicorum antiqua et nova, 1671, says, "Now imagine we were at a file of bills." [prescriptions.] This *recipe* cost the patient *ten shillings* fee, because he was but a doctor of *little* practice, not *cryed* up, and that was fair for him.

Here's another cost a *guiny;* this was a *great doctor's,* one of the eminentest in the town, a man of very *great practice,* that you must wait two hours before you can speak with him, except you give his man a couple of shillings; this must needs be an able man, that the people croud after, much spoken of, and much approved by his *apothecary,* who gets four or five hundred pounds *per annum* by this *doctor's* practice; an excellent *apothecary doctor!* he deserved a piece very gallantly. But here is a *recipe* cost 3 *guynies*; this was the result of a *consultation,* for a person of quality, a beloved child, wife, or husband, or some rich fellow that would *die* more *honourably* than ever he had lived."

Robert Godfrey, Medicus Londinensis, in his "Various Injuries and Abuses in Chymical and Galenical Physick," 1674, tells of a "rich physician," who was employed to attend a poor washerwoman, and received a fee of only 2s. 6d. for each visit. "The doctor visited her once, and had one half-crown, which was more than she could clear by a week's washing; the second day he came again, without sending for, for the doctor's custom was, being once sent for, to follow his game close, and then he had the second half crown; and the third day, when he called in without sending for, the poor woman's last half-crown being hard to be parted with, she did not give him it; whereupon, being angry, he asked her at his departure, whether she thought he could run up and down for nothing?"

"Van Helmont tells you, in the words of the wise man,

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that a physician shall receive a gift of a king not of a poor man; thereby implying, that we are not to neglect the poor, though they are not able to bring *angels*, nor crowns, in their hands, for scribbling a few words to an apothecary."

Godfrey, in several places of his book, speaks of an *angel* as being the usual fee of a physician, yet it appears, from what has been mentioned above, that they were contented sometimes to take less.

Advertisement.—At the Angel and Crown, in Basing Lane, near Bow Lane, lives J. Pickey, a graduate in the University of Oxford, and of many years standing in the College of Physicians, London; where all sick people, that come to him, may have for 6d. a faithful account of their diseases, and plain directions for diet, and other things they can prepare themselves; and such as have occasion for medicines may have them of him, at reasonable rates, without paying any thing for advice; and he will visit any sick person in London and the liberties thereof, in the day time, for 2s. 6d. and any where else within the bills of mortality for 5s.; and if he be called for any person, as he passes by, in any of these places, he will require only 1s. for his advice.

Postman, Jan. 16, 1700.

An anonymous writer, in 1702, says, "I have known an apothecary make fifteen pounds of a patient in ten days time, by rating the boluses at 2s. 6d. a piece, and other medicines proportionably."

The same author complains, that if a physician ordered an electuary of four ounces, the apothecary would divide it into twenty or thirty boluses, at 1s. 6d. each, and a quart apozem into four half pint phials, each charged 3s. or 3s. 6d.

Another anonymous physician, in 1669, says, "We many times prescribe a drachm of treacle, worth two pence, to a poor neighbour, out of charity; the apothecary makes him pay half a crown for a cordial bolus. There are of us, have retrieved some of our prescriptions, and the apothecaries' bills upon them; you will perhaps be amazed when I tell you, that where a physician hath, without a fee, prescribed something worth sixpence, because it was made into twenty-four pills, there was so many shillings paid to the apothecary upon his bill for it."

The usual charge for draughts at this time was 1s. or 1s. 6d. each; clysters 2s. 6d. and other things in proportion,

tion, which is infinitely more, considering the difference in the value of money, than is charged in London at present. One practitioner is mentioned to have "bragged, that he made from 20 to 100l. commonly, *besides presents*, for the cure of a gonorrhœa.

II. *Apothecaries intrenching on the Physician's Province, by visiting and prescribing to Patients.*

"The next thing to be treated of, shall be the ways of apothecaries creeping into practice. Heretofore when they were members of the company of grocers, and dispersed in place, as well as in counsel, they then were wholly subordinate to the physicians, only keeping in their shops, and faithfully making the prescriptions they received from the physician; and when made, sending them to the patient by their men, (as they still continue to do in foreign countries.) But in process of time, physicians, in acute diseases, having taught them somewhat, sent them to visit their patients, to give them the best account they could of the state of their health, and effect of their medicines. And of later years, some physicians took them along with them in their visits, whereby they acquired a little smattering of diseases, by which means they made people believe they had acquired some skill in the art, and afterwards began to venture a little at practice, and, but until these 10 years last past, kept themselves within some bounds and limits; but since that time, have daily more and more encroached upon our profession." 1669.

"In the plague time, [1666] (most physicians being out of town,) they took upon them the whole practice of physic, which ever since they have continued, being much helped also therein, by the dispersion of physicians into places unknown to their patients, by the fire."

Murett's Short View of Frauds and Abuses, 1669.

III. *Frauds of Apothecaries.*

Dr. Murett, in the above pamphlet, charges the apothecaries with "falsifying of medicines. First, they use medicines quite contrary to the prescription; myrtle leaves shewed the Censors for sena, a binder for a purger, mushrooms rubbed over with chalk for agaric, hemlock dropwort roots for pæony roots. Privet by some, by others dog-berries, for those of spina cervina; no purgers for a strong one; *sheep's lungs for fox lungs, the bone of an ox's heart for that of a stag's heart*, damsons for damasc prunes, syrup

syrup of lemons for that of citrons, bryony roots for mechoacan, &c.

IV. Number of Apothecaries in London.

"Hamburgh (as Dr. Pitt's book informs us) has but one apothecary's shop; Stockolm and Copenhagen but four or five a piece; and Paris itself but one and fifty; whereas, in London and the suburbs, we have near a thousand." 1702.

"Mr. Goodwin said, he desired the Censors of the College may demonstrate to this honourable house, out of above 1000 apothecaries shops in London, and seven miles circuit, how many they have destroyed in so public a manner.

Brief for James Goodwin, Chemist and Apothecary, upon his Petition to the House of Lords. 1731.

On the Febrifuge Substance discovered in the Peruvian Bark.

THE celebrated chemist, Mr. Seguin, has read several memoirs before the National Institute, concerning his experiments for discovering the febrifuge principle in the Peruvian bark, its nature, and the quantity which is contained in the different sorts of that medicament. The exterior appearance and taste have hitherto been considered as the only means by which the goodness of that drug is judged, which, however, but imperfectly indicate the presence and quantity of the true febrifuge principle. With a view of ascertaining the quality of the Peruvian Bark in this respect, Mr. Seguin examined the constituents of this medicinal body separately, and also its chemical properties; by which means he succeeded in discovering very material differences in the febrifuge principle of the bark, from the other constituent particles. The chief characteristic of this substance is, *that it precipitates the solution of tanin, but not the solution of glue and of sulphat of iron.* When these marks are not perceived in the Peruvian Bark, it is a proof of its being either adulterated or entirely deprived of the febrifuge principle. The author having examined all the different sorts of Peruvian Bark was induced to conclude, that only a small quantity of pure bark is brought to us, as by far the greatest part of bark that is imported into Europe, possesses very little of the febrifuge matter;

matter; it is either of an inferior quality or not at all present in the common sorts of bark. These results are very important, as the Peruvian Bark proves efficacious in diseases only in proportion to the febrifuge principle it contains, and such barks as are deprived of it are rather prejudical than useful to the constitution. This observation likewise induced Mr. Seguin to use his endeavours to find out a febrifuge substance which might be safe, efficacious, accommodated to the constitution, and at the same time so cheap, that no advantage could be derived from adulterating it. With this view he examined the true cause of fever, and the nature of the febrifuge principle contained in the Peruvian Bark, and in what manner it acted on the body. In consequence of his experiments and enquiries, he recommends the *glue or animal jelly, evaporated to dryness*, as a new febrifuge remedy, which unites in itself all the medicinal as well as economical advantages that may be expected.——This substance, therefore, has been tried in a series of cases, particularly by some Italian physicians, and is become a new matter of investigation amongst the physicians on the continent. A publication on this subject has been edited by Dr. *Gautieri*, in which a very favourable account is given of the animal jelly as a substitute for the Peruvian bark.

On the Efficacy of Animal Jelly in the Treatment of Intermittent Fevers; *from the Account given at the National Institute, by Mr.* Halle.

Mr. Seguin having read before the National Institute, a memoir on the advantages of animal jelly considered as a febrifuge, it was determined that a committee should be appointed, in order to ascertain the fact, and to make some decisive experiments. Patients were accordingly admitted into a particular ward of the Hospital of Perfection (Hospice de Perfectionnement) of the School of Medicine. The mode of administering the remedy, and the details of the regimen, were solely regulated by Mr. Seguin himself. The intermittent fevers that were treated under the inspection of the committee, were twenty-two tertians, or tertianæ duplicatæ; fourteen quartans; ten quotidians; and twenty intermittents of an irregular type.

Amongst these patients, twenty were affected with prolonged

longed autumnal fevers, eighteen with vernal fever, and six with new autumnal fevers; so that a great variety of circumstances took place in those experiments. The jelly had been prepared in the laboratory of the School of Medicine, and consisted of the best glue of Flanders, mixed with an equal quantity of sugar, dissolved in three or four times its weight of water; it was divided into square pieces, each of which was supposed to contain two drachms of pure jelly without the sugar or the water. The patients were ordered to take this jelly as well during the days of paroxysm as during those of intermission, in the morning, at noon, and in the evening. The dose amounted from three to six ounces of pure jelly; the diet consisted of roasted meat, half a litre (half a pint) of wine, and some prunes, and this meal was preceded by the use of a thick soup. Mr. Seguin, in general, ordered the patients to drink little, but allowed them a small quantity of brandy in the morning.

Of fifty-eight cases of intermittent fevers, on which the committee made their observations, fifty four terminated, after a greater or less number of fits, with an absolute or temporal cessation of the fever; this may either be ascribed to the action of the jelly, or be owing to the ordinary course of nature. Four fevers of the above kind, on the contrary, have resisted this treatment; two of the patients quitted the hospital without any relief; but the two others were cured, one by Peruvian bark, and the other by the use of ammonia, and of opium.

On the whole, the results which the committee have published are the following:

1. The diminution of the cold fit has been always so constant, and taken place so regularly in a number of patients, as to consider this phenomenon as affected by the jelly, which effect may likewise have advantageously influenced the termination of the fever itself.

2. The termination of the fever, though always preceded by the diminution of the cold fit, has, however, not been on an average proportionable to the first effect; as in general, it has not succeeded immediately, but proceeded in many patients so slowly, as to be evidently owing to the action of the jelly. This consideration, and the instances of the natural termination of fevers of this kind, render it uncertain which of the cases that fell under the committee's observations can be distinguished as being cured by the sole action of the jelly from those which may be owing to the power of nature only.

3. A

3. A certain number of cases have been observed, which were readily cured; others, in which the diminution of the symptoms has made constant progression till the absolute cessation of the fever; others again have come under the observation of the committee, in which an increase of the doses of the jelly has almost immediately produced a cessation of the fever, which therefore seems, in all probability, to be the result of the advantageous use of that remedy. These considerations, supported by about five and twenty detailed cases, lead us to suppose that each case affords an instance in which the phenomena of cure may be explained in favour of the great utility of animal jelly in these particular cases.

4. On comparing the effects produced by the jelly with the mode in which good Peruvian bark operates in removing fevers, when given in proper doses, and under convenient circumstances, it cannot be doubted that the efficacy of the jelly, such at least as has been observed by the committee, is by no means equal to that of good bark, as well with respect to the certainty, as to the perfection and continuance of effect with which the latter operates. One of the cases related by the committee proves, in a particularly evident manner, the difference in the action of the two remedies.

5. This observation likewise evinces, that in fevers which take or have the character of pernicious intermittents, and which are attended with imminent danger, the bark is a remedy for which the jelly can never serve as a substitute.

6. The action of the jelly is distinguished by some advantage, as being never followed by any inconvenient symptom, though it had been given in considerable doses, and sometimes continued longer than was necessary for determining its efficacy. It never produced any unfavourable symptom in fevers complicated with obstructions of the viscera, which makes us presume that it may be of use in such cases where bark is not given without inconvenience.

7. With respect to the cheapness of the jelly, compared to the price of the Peruvian bark, it may be stated, that the use of that substance is by no means so expensive, as it need not be continued for a long period; but when the fever prolongs itself, notwithstanding the administration of the jelly, as has been the case with a great number of patients, the expences attending the employment of this remedy are nearly as great, if not greater, than from Peruvian bark, particularly if the diet is put in calculation

which is supposed to be necessary during the use of this mode of treatment.

8. The most obvious advantage which this remedy presents in the cases in which we may consider it as a febrifuge, consists in its being a remedy of easy preparation, which may always be at hand in places and under circumstances when it is impossible to obtain good Peruvian bark.

According to these observations, and the treatment executed under the eyes of the committee, the evident utility of the jelly may be stated as follows:

1. That is possesses the property of diminishing very sensibly the symptoms of the cold fit.

2. That its febrifuge action is not proved by evident facts, but rendered very probable by several instances.

Considering the importance of a discovery by which a common alimentary substance is proposed as an efficacious febrifuge, and observing that the experiments on which the conclusions of this account are founded, have not yet been made on a sufficient number of patients, nor continued during a time long enough for all circumstances of the different seasons, and all the varieties in which intermittent fevers appear, and for ascertaining the conditions under which this remedy may be serviceable, and the limits of its utility; the committee appointed for this purpose has proposed to the National Institute, that the continuation of those experiments might be ordered, and measures be taken for facilitating their execution, and for rendering them as complete and conclusive as can be desired.

Observations on the Guinea Worm.

Mr. Larrey had an opportunity of observing, when in Egypt, several inflammatory tumours, which in Africa are generally attributed to the presence of a worm, said to have penetrated under the skin, and where it is universally believed, that the ulceration caused by this animal, cannot be healed but by the complete extraction of it. The method therefore adopted for curing that complaint, consists in winding round a small stick, a whitish fragile filament, which is supposed to be the body of the worm.

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The greatest caution is recommended not to tear it, for if, unfortunately, it should happen to break, this is thought to produce the most serious consequences from the worm penetrating deeper; amputation of the member affected with this disease is supposed to be necessary, and the life of the patient to be often endangered.

The physicians and travellers who have described this disease, by which white men are but seldom attacked, do not agree with respect to the causes of the formation and the origin of this worm. In Egypt it is called worm of Pharaon; in Africa, Guinea-worm; in the West-Indies, Vena Medinensis; and in Jamaica, Colubrilla.

Mr. Larrey thinks that the symptoms attending these tumours, which he considers as a simple furunculus or anthrax, are produced by the operation undertaken for the purpose of extracting the worm, and which are aggravated when the operation fails. He has very attentively examined the nature and form of the whitish filament, but he could not discover the slightest analogy with a worm; and he even convinced himself, by dissection, that this thread is nothing but dead cellular texture, which is drawn into a filament through a hole of the skin, when a small portion of it is seized in order to twist it round a piece of wood; and it is by means of this improper manœuvre, that cylindrical pieces of this cellular texture are obtained long enough to be confounded with a true worm. He has since had many opportunities of ascertaining this assertion; by seizing the cellular texture in a simple furunculus with the pincers, he obtained the same result. Mr. Larrey acknowledges that he is of the same opinion with Dr. Delaborde, who during his residence at Cayenne, after a great number of observations, adopted the same idea.

Mr. Larrey has added to his memoir, some observations on two negroes attacked with the vena medinensis, whom he treated at Cairo. The first, aged nine years, was committed to the care of an Egyptian physician, who immediately began to wind out the supposed worm, whereby the young patient suffered the greatest pain. The furunculus was situated on the malleolus internus, and surrounded with a bluish ring, which made the part appear as if it was becoming gangrenous. Mr. Larrey, however, having cut off the thread as close to the furunculus as possible, applied emollients with saffron on the tumour, and administered to the patient alternately diluents with Peruvian bark. A few days after an abscess had formed itself, which

 being

being opened with a bistouri, the patient got better, and was cured in a short time.

The anthrax of the second negro had formed on the foot, and from the point of this ulceration issued a blackish core, which would have been taken for the head of the worm. Mr. Larrey prescribed emollients without touching the supposed worm. The inflammation ran through its periods, and an abscess was formed, which he opened as in the former case. The condensated cellular texture issued with the pus in form of small flakes, and the negro was perfectly cured in a fortnight after he had perceived the complaint.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

NO errors should be permitted to pass unnoticed in a work so widely diffused as your Medical Journal, which contains a fund of useful documents, that are not only consulted with pleasure and instruction by the experienced practitioner, but which are also greedily sought after for information by the juvenile tyro, whose mind has not been sufficiently expanded over the wide ocean of medical science, to enable him to shun those dangerous rocks with which it abounds, or to avoid his being mislead by those *wild* and *extravagant fancies*, which speculators in physic are for ever throwing in his way.

Your correspondent, Mr. Hume, (whose observations on the nomenclature of modern pharmacopœias, in a former number of your Journal, are very worthy of notice) I now perceive begins to turn his mind to surgery; and having taken the hint from Mr. Hardman, in your last number, proposes the application of *exhausted cupping glasses* as a preventive and *immediate cure* of hydrophobia.

Fortunately for mankind, the hydrophobic fever, or mania, does not occur sufficiently often to allow of many experiments being made, and a plan of treatment has been long known and practised with the greatest success in preventing its occurrence; but I am sorry to say, that very little progress has been made beyond this, for we are completely ignorant of any very successful mode of treating it, when its symptoms do occur.

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The application of suction to wounds, which have been inflicted by *rabid* or *venomous animals*, was well known to and extolled by the antients, and I believe it is practised to this day, in those barbarous countries where poisons are used to render more dire and destructive their implements of carnage.

Suction, if likely to be of any kind of service in preventing hydrophobia, ought to be applied immediately after the injury has been received; it operates by taking off atmospherical pressure, and promoting a discharge of fluids from the wounded parts, if recent. We are now to suppose, that, with these fluids, the whole of the poison which has been inserted by the *rabid animal*, will be extracted from the wounds, otherwise we cannot expect that our operation will be productive of the intended effect. Now I will candidly ask Mr. Hume, if he suppose such an effect certain, or very likely to be produced, or that such a practice ought to be depended upon?

But to examine the matter a little further; Mr. Hume not only recommends the application of *cupping glasses* as a preventive, but as an *immediate cure* of hydrophobia: I think that I have already proved in the most satisfactory manner, how little dependance should be placed on such an application as a preventive of *hydrophobia*; nor will it be very difficult for me to show, that when the *disease* has actually taken place, the application of *cupping glasses* will be of no service whatever.

When the disease termed hydrophobia has taken place, which may be known by the great *anxiety*, *fever*, and *dread of* swallowing fluids, it is supposed, from analogy, supported by a great many facts, that *matter* of a peculiar nature, which had been lodged in the wounds inflicted by the *rabid animal*, is become absorbed into the system, and has produced its specific effect. Presuming this to be the case, what advantage is likely to be derived from the application of *cupping glasses?* One might as well apply *cupping glasses* over the arm of a child inoculated for the small-pox, with an intention of checking or renewing the eruption and fever when they have made their appearance. The application of powerful *caustics*, or excision of the immediately contiguous parts, I believe, are the only remedies to be depended on, in the prevention of *hydrophobia;* nor is there, to my knowledge, any case on record of their having failed of producing that effect, when extensively and properly applied; and in a case which

 came

came under my care upwards of three years ago, I applied caustic with success, notwithstanding my patient, for a long time, laboured under the most dreadful apprehensions for the consequences; the animal (pointer dog) too, in this case, exhibited the most unequivocal symptoms of the *disease*.

The best kind of caustic, and what I employed in the above case, is the *calx cum kali puro,* commonly termed lapis infernalis.

Most of the animal poisons have their effects upon the system weakened by the internal and external exhibition of alkalis; if this be the case with the *poisonous matter* producing *hydrophobia*, we might be led to expect a double effect from the alkali contained in the above caustic.

I cannot close my remarks without stating a surprising fact, well known to many practitioners, viz. that it is not uncommon for the wounds inflicted by a *mad animal*, to heal as kindly as similar wounds from an animal in health; yet the disease at length has been produced, sometimes after a lapse of several months from the accident: this shows us how fallacious the rule is, which I know to have been practised, of determining upon the nature of the case from its rapid or tardy progress towards healing; it also gives us confidence in a practice, which may be successful in preventing the disease a long time after the accident has been received.

I am, &c.

Tavistock Row, Covent Garden, Oct. 7, 1804. ROBERT LOWE,

Member of the Royal College of Surgeons, London.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THOUGH not feeling any symptom of the *cacoethes scribendi*, but rather wishing to have done with the occupying of so many of the pages of your valuable Journal, from month to month, I yet find imposed on me the *onus* of taking up the pen. John Ring, the indefatigable champion

pion of vacciolation, says, in your last number, (p. 356) that the variolous pustule, excited by inoculation, does not break into a number of pustules. He may be perfectly right in this assertion, yet I cannot help thinking, that in the irregularly formed vesicle running on to a considerable extent under the cuticle, and at length breaking, I have seen the source of those vesicles close by the inoculated part, which, he says, are secondary pustules. Of the pestilential variola, now about to take its departure from the world, what were the local effects when under controul by inoculation? The following statement of them from Woodville's Reports, induces me to think that I have not been quite mistaken in the notion that the variolous pock breaks into a number of distinct vesicles.

"In cases wherein inoculation of the small-pox proves effectual, a small particle of variolous matter being applied by a superficial puncture of the skin, usually produces in the course of three or four days, or sooner, a little elevation of the punctured part, discoverable by the touch, and a red speck distinguishable by the eye. From this time the redness advances in a circular form, more or less rapidly, according to the constitutional circumstances of the patient; and the first effect of this superficial inflammation is the formation of a vesicle upon its centre, which usually appears between the fourth and seventh day after the inoculation. The extent of this vesicle is generally found to bear some proportion to the intensity of the inflammation, and contains a limpid fluid, by the absorption of which, the small-pox is produced. The vesicle soon bursts, and the central part of the puncture becomes depressed, and often of a dark hue; which appearances, together with the marginal inflammation, continue to increase till the eruptive symptoms subside, when the edges of the depressed part begin to swell with a purulent fluid, and the inflammation gradually recedes."

From the importance which I attach to what comes from the pen of a Ring on the subject of vacciola, I am particularly induced to reply to him in defence of the removal of that scab, (p. 243) on the taking of matter, which is sometimes seen in the centre of the pock, from its most incipient state. What he calls a hazardous experiment I consider an act of the most wholesome precaution; I am even strongly persuaded, that most of your readers who practise vacciolation, must have often

 met

met with the genuine vesicle, which requires this precaution; and that they must naturally have used it. From p. 303, of your last number, it appears to have met the eye of Jenner. The scab, with "the perfect vaccine fluid in a ring around it," must, I think, have been the pock in question. It is uniformly produced on the application of active matter by such insertion of the lancet as produces rather incision, I mean of cuticle only, than, literally, puncture, though he refers it to another cause.

The ingenious and learned paper of Philologos, (p. 335) renders it unnecessary for me to advance any thing further in defence of vacciola, in opposition to vaccina. Vaccævara appears to me to be the only correct term yet proposed. Exclusively of its being one word, it is preferable to Jenner's variola vaccina, if vara be a more precise term than the diminutive variola for the now departing pestilence.* Till this last correction, (vara for variola) with many others, shall have taken place in medical language, it may be best for the sake of euphony, and because of the similitude even of vacciola to the long adopted term variola, to continue to speak of the vacciolator with vacciolous matter, producing true vacciola in subjects which have never yet had the small-pox. If as great an effect could be produced on the constitution by small-pox inoculation after vacciola as is frequently produced by vacciolation after the small-pox, whether had naturally or by inoculation, the discovery of Jenner would have never made its way in the world as it has happily done. Of medical men and others I know many who, as well as myself, have by design vacciolated themselves after the small-pox. I know some others, both men and women, who have been vacciolated by accident, and who, according to the seat of the wound, have been much affected with cervical, axillar, dorsal, lumbar, or inguinal tumefactions, indurations, or pains.

It happens to me, sometimes frequently in the course of a month, that patients brought to be examined, a week after

* I have little doubt but Philologos could find a short classical compound sufficiently characteristic of the desolating disease. The accommodating inventor of the term vaccine-pock, mingling together Saxon and Latin, might give it such discordant name as *drad-vara*, and might defend the term by saying, our whole language is of heterogeneous mixture; why may not a single term be so? Drad-vara is two or three syllables shorter than *horrida vara*, or *vara horribilis*, and expresses about as much.

after inoculation, present a pock so far advanced, and with so stained and even crustaceous a kind of surface, that I immediately hesitate, and decline taking the matter. On inquiry I find, that the patient has, at different times, been in the way of the small-pox, though he did not know that he had ever had it; or that when an infant, he had a few spots which the relations took for chicken-pox or swine-pox, but which the effect of vacciolation (inoculation of vacciolous matter) shews me at once to have been the small-pox. These different eruptions have often been mistaken for each other. It will be well if those medical gentlemen, numerous and of unquestionable character, who have undertaken to investigate the case in Fullwood's Rents, page 384, Sept. 26, (of which your *status quo, eo tempore*, is very exact) be able to make accurate discrimination. On the seventh evening of the eruption I saw the child, and by candle-light declared it to have very much the appearance of a well marked case of small-pox. A physician present, whose medical report meets the public eye to a very great extent, once a month, said, if it was not a case of small-pox, he had never seen one, and that he should not wonder if it proved fatal. It is not wonderful that he should form such an opinion from the uneasiness of the child. It had been much teazed in its cradle by numerous medical visitants, and many vesicles had been punctured for matter for experiments. He urged the question, whether I did not consider it to be small-pox. Though very much resembling variola, I remarked, it might yet be found to be varicella. On seeing the child running about the next morning, (what kind of small-pox was this?) the eruption on the face in a state of desiccation, the vesicles on its body and limbs plump and full, giving me the same idea of a capability of bearing pressure as a bunch of ripe grapes or currants would, I declared my full conviction of its being varicella. A physician present said the eruption was too watery to be the small-pox. Some surgeons declared themselves more strongly, that it was chicken-pox. A few days afterwards, I accompanied Dr. Woodville to see the case, when, being more advanced, it became proportionally more obscure. He said, on the occasion, that if it should be found to be the small-pox, the cow-pock inoculation stood upon as good ground as the variolous; for that it had happened in the course of a year that several patients had come to the hospital sprinkled with the small-pox, who had previously gone through

through the variolous inoculation.* Whether the committee alluded to will be able to satisfy themselves, or only to puzzle themselves the more by the investigation of the effects of the series of inoculation instituted, the commencement appears to have been nearly as legitimate as is possible, in the present state of the question. If the first inoculation produce small-pox, with its most dismal train of subsequent disease, blindness or death, the father of the child will only have to reproach himself, as he had previously sworn he would shoot the practitioner, if, under semblance of inoculating small-pox, he introduced the filthy cow-pock. I hope every member of the committee, before coming to a decision, may peruse the excellent paper of Macdonald, the second article of your last number. In the minds of many, who already most unwaveringly decide, and to whom I must appear ridiculous in venturing yet to doubt, a becoming hesitation may be produced. Hail, Vacciola! Hail! Clearness belongs to thee. Thou hast not a *fac simile.*

John Ring complains, that a certain publication, "ready to receive and circulate any lie that is fabricated against vaccination," refused admission to a respectful representation of the impropriety of admitting anonymous attacks on persons, and anonymous reports on so important a subject as cow-pox. Feeling myself somewhat implicated in the detraction

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* Though the declaration of Woodville must alone be sufficient to prevent the vacciolous inoculation from falling into disrepute, if the committee shall at length find that the case under investigation have been a true case of small-pox, yet it may be well for them to remember, that in an institution where so many thousands have annually been inoculated, it is quite a possible case that a mistake might happen in the record; that the vacciolation may have been incomplete. The following piece of egoism will be my sufficient apology with the worthy officers of the *really* original public institution of vacciolation for entertaining the idea. Before the organisation of the Royal Jennerian Society, I, *per se*, I, had gratuitously vacciolated several hundreds in this metropolis. Since my election to their Central House, I have had the happiness of being the instrument of protecting twice as many thousands. The office of Resident Inoculator, in one instance, resembles that of prime minister; he is liable to become a public butt. The attempts to throw me out, did, in the beginning, induce in me such habits of vigilance that I cannot help most confidently trusting, that the "thousands" are as secure from variola as vacciola can render them; of the certain protection of the "hundreds," my hope is not quite so ardent. There may have occurred an instance or two, where I may have taken it for granted that the vacciolation was complete, on proof more equivocal than I should now venture to receive; or I may even in haste have noted cases as complete in the register, from memory, and thus have committed some mistakes.

detraction of my colleague, I offer you some testimonials which are not anonymous; I suppose that the "lie" has grown out of the facts which are stated in the document from Valette.

"To the INHABITANTS of MALTA.

"Some time has now elapsed since Dr. Marshall and Dr. Walker have began to practise the Jennerian inoculation in Valette, and experiments have shewn that no one who has passed through that disease is afterwards capable of taking the small-pox. At the present moment, two children who were inoculated by Dr. Marshall are ill in the small-pox from having, previously to their inoculation with the cow-pox, been exposed to the infection of the small-pox, which, at the time of their being inoculated with the cow-pox, was in the body.

"In one of the children, the part inoculated with the cow-pox matter never inflamed, and the child fell ill with the small-pox in four or five days; in the other, the incised part inflamed, and proceeded as usual till the sixth day, when she also fell ill with the small-pox. These two cases, thus fairly stated, shew that they must have been infected with the small-pox at least three or four days previous to being inoculated with the cow-pox; one of them never inflamed; the other, the moment the small-pox appeared, lost its inflammation and turned to common matter.

"As no doubt many reports, prejudical to the Jennerian inoculation may be spread abroad by interested people respecting these children, it is thought necessary to publish this true statement of the affair, that the inhabitants may be upon their guard against all such reports, and to assure them, that it is impossible for any one that has passed through the true cow-pox ever afterwards to be infected with the small-pox.

Protomedico LUIGI CANEANA,
Il Med. di Palazzo, BR. LOREZO CATTAR."

Valette, Feb. 27, 1800.

"General Mem. *Foudroyant, Malta, Dec.* 9, 1800.

"The small-pox having made its appearance on board the Alexander, and other ships in the fleet, the Commander in Chief thinks it necessary to refer the respective Captains to the general memorandums of the 19th October last, and to recommend immediate application to Dr. Marshall and Dr.

Dr. Walker, whose safe and excellent mode of treatment has been experienced on board the Foudroyant, and other ships, in preventing the dreadful effects so often attending the small-pox, which may now so easily be avoided without danger or inconvenience.

"By command of the Vice-Admiral,
"Signed, WILLIAM YOUNG."

"*To the respective Captains, &c.*"

"These are to certify, that Drs. Marshall and Walker have administered the vaccine inoculation to such of the crews of all his Majesty's ships, under my command, at Gibraltar, Minorca, Malta, the Port of Marmorice, and on the coast of Egypt, as had the opportunity, and were desirous of submitting to the operation: That these gentlemen have manifested the greatest assiduity for the extension of the practice, bestowed the most unwearied attention to its successful application, and have, according to the information I have received from all quarters, exhibited it with perfect success.

"Given under my hand, on board his Majesty's ship the Foudroyant, in the Bay of Aboukir, 29th March, 1801.

"KEITH."

"*Camp, four miles from Alexandria, April* 11, 1801.

"This is to certify, that Drs. Marshall and Walker attended at the hospital at Malta, for the purpose of inoculating the respective regiments of the expedition to Egypt, according to the general orders of the late Commander in Chief, Sir Ralph Abercrombie, at which time the small-pox had got into the fleet, and was very fatal.

"Dr. Walker accompanied the expedition, with the approbation of the Commander in Chief, to Egypt, and introduced the new practice into the army in general, which was found effectual in arresting the ravages of the small-pox, those soldiers escaping it who submitted to this operation, and doing their duty as usual, while a few, who neglected the opportunity, were laid up.

"We now experience his services in another way, he having consented to be associated with the surgeon of the brigade of seamen on shore; and from Sir Sydney Smith finding it necessary to have the attendance of the surgeon at a distance from the camp, the medical care of the whole brigade falls upon him.

"Major

"Major General Hutchinson feels a sincere pleasure in recommending Drs. Marshall and Walker (for their indefatigable zeal in the service) to his Royal Highness the Duke of York, who ever takes so lively an interest in whatever renders the situation of the soldier comfortable.

"J. Hely Hutchinson, Major General."

In noticing (Med. and Phys. Journal, Jan. 1803) the remuneration granted us for our services, so honourably testified of by the Lord Keith, I mentioned that the Admiralty had not yet paid off the disbursements they had granted us. To the present first Lord of the Admiralty I have made the representation, and already experienced some generosity from himself. I hope shortly to be able to add, that he has obtained us payment from the board.

Yours, respectfully,
JOHN WALKER.

To the Editors of the Medical and Physical Journal.

Gentlemen,

I AM sorry to see that Dr. Macdonald, in his observations on Mr. Goldson's Pamphlet, has committed himself by introducing me, as hostile to vacciolation: I conceive there is considerable indelicacy in thus attacking a person, whose sentiments he most certainly does not know. I shall not degrade myself, nor the character of my profession, by answering him in the same style in which he has chosen to use my name*; I think it sufficient for me to observe, that the conclusion he has drawn, from seeing my name in the pamphlet above alluded to, is diametrically opposite to the truth; I however, confess, that I would rather Dr. Macdonald should be in an error, than I an enemy to the new practice. Gentlemen should support their opinions by a temperate relation of facts, and fair dispassionate argument, and should on every occasion, let the difference in their sentiments be ever so great, treat each other with becoming respect.

By

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* See London Medical and Physical Journal for October, pages 314 and 316.

By giving this letter a place in your Journal for the ensuing month, you will greatly oblige,

Yours, &c.

October 9, 1804. SAMUEL HILL,

Surgeon, of Queen Street, Town of Portsea, and Surgeon in the Royal Navy.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your last number I gave some account of a case which lately occurred at Kensington. I there intimated, that Mr. Merriman of that place, who, it was pretended, could attest the facts, was not sufficiently acquainted with the case to be a witness. It has been represented to me, that the concise manner in which I expressed my sentiments, might gave rise to misconceptions: I therefore requested Mr. Merriman to favour me with an account of what he knows of the case, that I might insert it in your Journal. In consequence of this application, I received the following statement.

"I have not seen the Review; nor did I ever hear that any notice had been taken of the case; much less that my name had been made use of in so unwarrantable a manner; or I should have insisted on the Editors of that publication contradicting that part of the account, which relates to my attesting the fact of the child having had the cow-pock in a regular manner. My attestation can go no farther than as to the small-pox."

I have also received a statement from Mr. Cockle and Mr. Faithorne; in which they declare, that *when particularly questioned* concerning the scab on the child's arm, after the pretended cow-pock, Mr. Meredith *positively affirmed it never turned black, nor even dark.*

In one respect, the Kensington case resembles that in Fullwood's Rents. It is easy to prove the child had the small-pox: the only difficulty is, to prove that it ever had the genuine cow-pock.

I am, &c.

New Street, Hanover Square. JOHN RING.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your Journal for May, 1803, you have given some account of the introduction of vaccine inoculation into Greece, and several parts of Asia; an account of its introduction into Turkey had been given long before. Having about ten months ago received from Dr. De Carro a work, entitled the History of Vaccination in Turkey, Greece, and the East Indies, I embrace the earliest opportunity afforded by other avocations, of transmitting a concise analysis of that valuable and interesting publication. It is, indeed, particularly interesting to Britons, since it contains additional evidence, that their countrymen have been the happy instruments of diffusing the blessings of Vaccination over a considerable part of the globe.

Dr. De Carro dedicated his first publication on this subject to Lord Minto, at that time the British Ambassador at the Court of Vienna; the present he dedicates to the Hon. Arthur Paget. These marks of respect he considered as due to the British Nation; the first, because it relates to a discovery, for which the world is indebted to this nation; the second, because it relates to a quarter of the world, in which she has so far extended her empire, and the glory of her arms.

Dr. De Carro observes, that, whether owing to the want of a good understanding between the foreign physicians settled at Constantinople, or to the difficulty of making the Turks sensible of the advantages of vaccination; the first successful experiment, in the family of Lord Elgin, did not produce so much effect as might have been expected. The practice was repeatedly discontinued, and only renewed by the arrival of fresh matter, till it was adopted by Dr. Hesse, a German physician.

This gentleman went to Constantinople, with the intention of settling there as an oculist; but was on the point of quitting Turkey when he received from Vienna some cow-pock matter; which induced him to alter his plan, thinking it probable that he might succeed better from the practice of vaccination, than from the profession of an oculist.

The first child of the Earl of Elgin was vaccinated by Dr. Whyte, the second by Dr. Scot. These gentlemen also

also vaccinated some children in the families of Ambassadors, and other foreigners of distinction; but they were not able to overcome the prejudice of the natives. This was in a great measure reserved for Dr. Hesse, who successfully practiced vaccination in Constantinople for the space of a year and a half.

In the month of March, 1802, the Earl and Countess of Elgin, and Dr. Scot, sailed from Constantinople, with an intention of making a voyage to the Islands of the Archipelago, and the greater part of Greece. During their absence, vaccination was practiced by Dr. Hesse, Dr. Pazzoni, physician to the Spanish Ambassador, and Dr. Auban, physician to the French Ambassador: but on the departure of Dr. Hesse, it was suffered to become extinct.

"Our voyagers," says Dr. De Carro, "did not neglect vaccination during their stay in those celebrated countries." The following is an extract of a letter which he received from Dr. Scot on this subject.

"You will be much pleased to hear, that the blessing of vaccination has been communicated to the celebrated city of Athens, where we have stayed a long time; and that it is probable, it will thence propagate itself through the different parts of Greece.

"Immediately on my arrival, I sent for Dr. Cassgitti, the principal physician of Athens; and, having conversed with him concerning the origin and the character of vaccination, I vaccinated two children in his presence, and succeeded in one of them. This child served to vaccinate a great number; and at the time of our departure, more than eighty persons, of all ages, had been vaccinated with the usual success. Dr. Cassgitti appeared to me to be a judicious and active physician; I made him a present of a copy of your work.

"I also spoke to the principal surgeons of Argos, Corinth, and other celebrated cities, on the subject of vaccination; and although they have still some prejudices to conquer, I doubt not but its advantages will be very generally acknowledged in Greece, as well as every where else.

"But while I inform you of all that we have done during our voyage, you will be surprised to learn, that they have ceased to propagate vaccination at Constantinople. Dr. Hesse, who was the principal vaccinator, being about to leave that country, neglected to keep up a fresh supply of matter.

WM. SCOTT."

In

In addition to this account of the introduction of vaccine inoculation into Greece, Dr. Scot himself, when in England, favoured me with the following particulars.

On his arrival at Athens, in April 1802, he had some conversation with Dr. Cassgitti, who was educated at Pavia. The little he knew of vaccination was from the Literary Journals. No such disease in cows had been observed in that country.

The Athenians, who, notwithstanding their present state of subjection, still retain something of the quick and penetrating spirit of their ancestors, were so struck with the mild nature of the cow-pock, when compared with the small-pox, that they eagerly brought their children to partake of the benefit. Fresh matter, with instructions, was sent to Thebes, Corinth, Argos, and other places; for the result of which, as well as the progress of vaccination in Laconia, he referred me to a letter he had received from Dr. Cassgitti, which is now in my possession.

In this letter, dated October 1802, Dr. Casgitti informs Dr. Scott, that he had no more subjects to inoculate. He also gives an account of the progress of vaccination in different parts of Greece.

A brother of Dr. Cassgitti, having introduced vaccination into some of the country parts of Laconia, where the small-pox made great ravages, was induced to set a price on it, in order to reimburse himself for the expences he had incurred; but the artful inhabitants, though rich to an excess, commenced the practice themselves; and propagated it from one village to another, in such a manner, that the practitioner who introduced this novelty, soon discovered he was no longer of any consequence in that neighbourhood.

In my Treatise on the Cow-pox I have related some particulars concerning the introduction of the practice into Salonica; and therefore deem it unnecessary to repeat them here. Dr. La Font informed Dr. De Carro, "that he esteemed himself very happy in having it in his power to pay the City of Salonica the tribute of acknowledgment, which the world owed her, for having been the birth-place of the old woman who practised inoculation at Constantinople, when she attracted the attention of the celebrated Lady Mary Wortley Montague,"

The matter which Dr. La Font received from Dr. De Carro upon ivory lancets, readily succeeded; and all the inhabitants of Salonica adopted vaccination with an eagerness worthy of the most enlightened people. Turks, Armenians,

menians, Greeks, Franks, all had recourse to this preservative; and the inhabitants of the neighbouring towns, wishing to enjoy the same blessing, Dr. La Font instructed pupils, in order to spread the practice.

Dr. Moreschi of Venice, who first introduced vaccination into that city and a great part of Italy, and published two works on the subject, also had a considerable share in disseminating the practice through Dalmatia and other provinces, situated on the Adriatic; and through the greatest part of Greece.

Dr. Hesse is said to have been the principal inoculator of the cow-pock at Constantinople; but several other physicians contributed to the same laudable design. Among others, Dr. Roini, physician to the Grand Seignior, printed an extract from Dr. De Carro's Treatise on the subject, translated into the Turkish language, and presented it to his Highness, who had suffered much from the small-pox. He expressed his regret that the discovery had not been made in his youth; and desired it might be adopted in his territories. Dr. Roini vaccinated a child of one of the servants in the Seraglio; but the Turks, who are always enemies to innovations, did not embrace vaccination with any degree of zeal: so that the practice again fell into disuse.

It was again revived in the beginning of the year 1803; when Dr. Auban, physician to the French Ambassador, wrote to Dr. De Carro for some matter; and informed him, that more than a hundred persons, of different nations and religions, waited with impatience for the arrival of this preservative. He added, that up to this period he had only vaccinated one child of any Turk; but that among those ready to undergo the operation, were three children of the first physician of the Grand Seignior.

At the same time Dr. De Carro received a letter from the Earl of Elgin, requesting matter for his third child; the success of which may be learned from the following extract of a letter, which I received from Dr. Scot when in England, dated October 30, 1803.

"I often conversed with Dr. Roini, physician to the Grand Seignior, upon the salutary influence of vaccine inoculation; and the number of lives that might be saved, if it were generally adopted in the Turkish empire. I found him zealous to promote its progress; he recommended it strongly to several of the principal men in power.

"As a little tract, published at Palermo, by Dr. Marshall, appeared to me well adapted to popular use, I gave

him

him a copy of it; which he got translated into the Turkish language. But notwithstanding all the care taken to encourage vaccination at Constantinople; either from neglect, or want of opportunity, it had fallen into disuse; and, upon my return thither, in October 1802, no matter could be procured.

"I was, therefore, under the necessity of sending to Dr. De Carro at Vienna for a supply. After some failures, it was renewed last January, in the son of the Prussian Minister, and in Lady Harriet Bruce, second daughter of the Earl of Elgin. Recent matter was thereby afforded to different practitioners; and, among others, to Dr. Auban."

This is the gentleman who flattered himself, that he had discovered vaccination to be an antidote for the plague. Dr. Valli, who arrived at Constantinople about that time, coincided in his opinion; and was so far convinced of the reality of this hypothesis, that he inoculated himself with pestilential matter; but he paid dearly for his temerity, by catching the plague, which he did not survive without some difficulty.

Dr. Auban informed Dr. De Carro, that the Armenians have much greater confidence in Vaccination than the Turks. But an ignorant practitioner has damped their ardour, by producing the spurious pock in three of their children; one of whom fell a victim to that disease. Hence the opinion of Dr Auban, that cow-pock matter possessed an anti-pestilential virtue, though visionary, was not without its use; for it served to revive the practice; and the Turks, who had rejected vaccination as an antidote for the small-pox, adopted it as an antidote for the plague.

Dr. Valli is recovered of this disease, and Dr. De Carro informed me in his last letter, that he had seen him at Vienna.

Dr. De Carro is of opinion, that the zeal of our countrymen in Asia, and of the natives, for vaccination, should make those practitioners in England blush, who still inoculate for the small-pox. He is confident, that no children have been inoculated for the small-pox in any part of Germany for two years past. He says, the operation is absolutely forgotten; and thinks it as difficult to find patients who would submit to the operation, as medical men who would perform it.

Having sent Dr. De Carro a copy of the Reverend Mr. Warren's excellent popular publication on the subject of inoculation of the cow-pock, he informed me that they have innumerable addresses of this kind in Germany, pub-

lished by clergymen of all ranks; and, that although they are in a great measure a copy of each other, they have been of great service to those for whose use they were intended. This is an example worthy of imitation.

Dr. De Carro enjoys the enviable satisfaction of having diffused the blessing of vaccination through a great part of the continents of Europe and Asia. This country is peculiarly indebted to him, for the introduction of the practice into her extensive colonies in the East Indies; and the Directors of the East India Company appear to be sensible of the importance of the service.

An account of the commencement and progress of vaccination in India has already appeared in this and other channels. The matter was sent by an overland dispatch, by way of Constantinople, to Bagdad; where it succeeded in the hands of Dr. Short, physician to Mr. Jones, the English Resident. From this place it was transmitted to Bussora, where it succeeded in the hands of Dr. Milne, physician to Mr. Manesty, the English Resident. From this place it was transmitted to Bombay.

Some particulars of the rise and progress of vaccination in India have already appeared in this and other channels. In that part of the world, the small-pox is more fatal, and population more scanty. It is, however, but justice to our countrymen in India to say, that their zeal and exertions have been commensurate with the occasion.

Dr. Milne not only forwarded matter to Bombay, but also to Persia and Arabia. I shall here insert a very interesting extract of one of his letters to Dr. Scot, dated May 1802, which was communicated by that gentleman to me.

" Within the last month I have inoculated upwards of thirty subjects of different ages; and have both transmitted matter by, and vaccinated, several people belonging to three different vessels, which have been dispatched hence for Bombay. I have also sent materials into Persia, by the way of Bushire; and furnished the means of inoculation to the Resident at Muscat.

" The postscript of your letter, stating that the common diseases of children have been benefited by vaccine inoculation, has added much confidence to the opinion I had formed of its salutary action, from reading Dr. Jenner's book. I have therefore never hesitated to inoculate every person that has been brought to me; and have the pleasure to state, that a child who had been a long time subject to an intermittent attack, accompanied with a dropsical swell-

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ing of the belly, has been completely cured by vaccination. This case, with some others, I have drawn up, and sent to India."

From Dr. Milne's letter, and from Dr. De Carro's publication, it appears, that the British Residents, and medical officers at Bagdad and Bussora, vie with the governors and medical establishment in India, in their endeavours to promote vaccination.

Dr. De Carro's work is published in French; he is about to publish another edition in the German language; in which an account of vaccination in Moldavia will be added. The Hospodar of Moldavia has sent him a present of a very handsome Indian shawl, in return for his Treatise.

An extract, which I some time ago published in this Journal from Dr. De Carro's work now under consideration, and letters which I have since received from him, concur in proving, that the hypothesis of an anti-pestilential virtue in vaccination may be considered as perfectly exploded. Dr. Struve of Gorlitz, fondly imagined that he had found the practice a preservative against the scarlatina; but this opinion, as well as that once entertained by some persons in England and France, of its being a preservative against the hooping-cough, is totally destitute of foundation.

In the Bombay Gazette for July 2, 1802, is a letter from Drs. Moir and H. Scott, giving an account of the introduction of vaccination into India; and accurately describing the vaccine vesicle as it appears there. By this description, it is evidently of the genuine kind. Due acknowledgments are also made of the services rendered by the Earl of Elgin and Dr. De Carro; to whom the public are under great obligations for transmitting the virus to India.

Dr. De Carro alludes to the case of Count Mottet, which is well known in the annals of vaccination; and observes, that the physicians of Bombay entertain a more correct opinion of the nature of this case, than the generality of medical men in Europe; who think that a person who has had the small-pox cannot have the genuine cow-pock. Dr. De Carro admits it is difficult to give the genuine disease to those who have had the small-pox; but maintains, from his own experience, that although you can but rarely excite the true vaccine vesicle in a person who has had the small-pox, it is not impossible. In this respect he coincides in opinion with Dr. Jenner.

 Several

Several instances of genuine cow-pock after the small-pox are related in my Treatise on the Cow-pock. Of the reality of such cases, no stronger proof can be required, than that matter taken from them should be capable of propagating the genuine disease. One well known case of the kind is that of Mr. Rooke of Jamaica; another is that of Mr. Tanner, published in the fourth volume of the Medical and Physical Journal.

Dr. De Carro wrote to Dr. La Font, desiring to know whether the plague ever attacks those who have the small-pox, or those who have had that distemper. The answer he received was, that the small-pox, whether a person at present labours under the disorder, or has had it a longer or shorter period, is no preservative against the plague. Dr. La Font has known two persons have the plague and the small-pox at the same time. Those who attend people in the plague, have known many instances of this kind.

Dr. La Font says, the plague has not been known to mitigate the small-pox. He observes, that infancy has been thought particularly disposed to receive infection; but at Salonica they have found it quite the reverse. He says, it has been held as a never-failing rule from all antiquity, that when the plague reigned, all other disorders ceased; but in the year 1793, when the plague prevailed there, the small-pox also raged with unexampled fury. Such were its ravages, that the Jewish nation at Salonica, consisting of twelve thousand, lost a sixth part of their number by that single disease.

Dr. Valli, after suffering severely from the plague, and proving in his own person the inefficacy of vaccination as a preventive of that dreadful distemper, went to Smyrna, and recommended inoculation of the small-pox as a preventive. This, Dr. De Carro justly observes, is the more remarkable, since he seems to acknowledge, that the small-pox is not a preservative against the plague but during the short time while it lasts, which is but a few weeks, and cannot be renewed.

Dr. De Carro concludes his work with a letter from Dr. Jenner, dated March 30, 1803. In this letter, Dr. Jenner observes, that as far as he had been able to learn, the species of rot in sheep, described by Dr. De Carro, was totally unknown among the flocks in Great Britain.

On the arrival of Dr. De Carro's intelligence, respecting the inoculation of sheep, I mentioned the circumstance to a nobleman who has a considerable estate in the county of Sussex; who said, he knew of no such disease as that I described,

described. I next inquired of Dr. Jenner, whether he had ever seen or heard of it? to which he answered in the negative. I asked him, whether he had ever taken any particular pains to investigate the subject? He assured me that he had made it a particular object of inquiry; and had frequently questioned the oldest shepherds on this point; but could never hear of such a disease.

I then caused an inquiry to be made of another person of distinction, who has paid particular attention to the improvement of the breed of sheep. His answer was, we have no knowledge of such a disease, as that described by Dr. De Carro and other foreign authors.

Still, however, it appeared to me highly improbable, that a disease which commits such dreadful ravages on the Continent of Europe, should be utterly unknown in Great Britain. I therefore consulted Layard, "On the Contagious Distempers of Horned Cattle," and was so fortunate as to find a reference to Fuller's Exanthemata, a work not so well known as it deserves to be.*

Under the head, "Rittelen, or Chicken-pox," we meet with the following remarks: "Sometimes they come alone; sometimes they have been seen sprinkled among the measles.

"It is said that poultry and turkies are subject to a disease coming out with red pimples, though not many; which soon dry up into scabs; but are not apt to leave scars or marks.

"Swine or hog-pox.

"Chesneau mentions a sort of pustules, *not differing much from the true small-pox. Many people mistake them for the small-pox; but they continue not so long, bring no danger, and leave no marks.* These, he thinks, cause many people to believe they have had the small-pox more than once.

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* The following observation, p. 21, though not connected with medical science, is curious and interesting. "I can almost suspect, that our celebrated Sir Isaac Newton might fetch the first hint of his notions of attraction and gravitation, from a little ludicrous Spanish book, entitled, The Man in the Moon."

"For, p. 46, it is said, 'I found by this experiment, that which no philosopher ever dreamed of, viz. that those beings which we call heavy, do not sink towards the centre of the earth as their natural place, but are drawn by a secret property of the globe of the earth, or rather, something within the same; in like sort as the loadstone draweth iron, within the compass of the beams of attraction."

"He

"He gives them no name; but I believe them to be what we call the swine-pox."

It is a mistake to affirm, that the swine-pox leaves no marks; but I am inclined to believe, with Fuller, that it is a different disease from the chicken-pox, and that the same person sometimes has them both. The swine-pock containing a more opaque fluid than the chicken-pock, it is not so apt to be broken; but turns about the fifth day, and is converted into a yellow scab. The scab of the small-pock is brown.

Fuller adds, "The small-pox, and its spurious sorts, are peculiar to man. Mr. Mather, indeed, in his letter from Boston in New England, says, that Dr. Leigh, in his Natural History of Lancashire, reports, that some cats were known to catch the small-pox; and pass regularly through it. He adds, We have had among us the same occurrence.

"But if we had seen and examined the matter, perhaps it would have been found a very different thing from the small-pox. For in like manner there was, about the year 1710 or 1711, upon the South Downs in Sussex, a certain fever raging epidemically among the sheep, which the shepherds called the small-pox; and truly, in most things, it nearly resembled it.

"It began with a burning heat, and unquenchable thirst. It broke out in fiery pustules all over the body. These pustules maturated; and if death happened not first, dried up into scabs about the twelfth day.

"It could not be cured, no, nor in the least mitigated by phlebotomy, drinks, or any medicines or methods they could invent or hear of.

"It was exceedingly contagious and mortal; for where it came, it swept away almost whole flocks. But yet it could in no wise be accounted the same with our human small-pox; because it never infected mankind."

Ere I quit Fuller, I beg leave to observe, that he mentions an instance of the co-existence of the small-pox and the measles, published by Dr. Ridley. In my Treatise on the Cow-pox I have related a considerable number of instances of the co-existence of these and other eruptive diseases, contrary to the opinion then prevailing. These and almost every thing else of any consequence contained in that publication, a good-natured writer in the Medical Repository, published at New York, has ascribed to Dr. Coxe; although it is evident, by his frequent quotations from my book, that as much of it as was then printed, consisting of 750 pages, was then in his possession. Such misappro-

misappropriations, however, and such unmerited compliments, are not confined to the other side of the Atlantic; and it would be easy to mention some very vain authors on this side of the water, who, if they were stripped of their borrowed feathers, would be as naked as when they came into the world.

While I was endeavouring to ascertain the nature of the murrain in sheep, Dr. Harrison's valuable Observations on the Rot fell into my hands, and confirmed the opinion I had before entertained, in consequence of the best information I could procure, that what Dr. De Carro describes is a different disease. Of this Dr. De Carro himself is since convinced. He was led into the error of supposing it to be the rot, by the vague manner in which the terms denoting the distempers of sheep are sometimes used.

Dr. Harrison, speaking of the rot, says, "It has been called the sheep-pox by Prof. Vibourg, of the Veterinary College at Copenhagen."

Dr. Harrison is inclined to believe, "That Prof. Vibourg and Dr. De Carro confound the rot with the claveau des moutons; which is a febrile and eruptive disorder. This complaint bears a strong resemblance to the small-pox. The claveau is a vague and indefinite term; it comprises the scab, and rot or pourriture, as well as the disease properly denominated claveau. These are very different affections, and ought not, as I conceive, to be included under one general denomination."

About the period when I perused Dr. Harrison's publication, I met with the passages alluded to in Layard and Fuller; which I thought worthy of being communicated in some popular channel; but, in order to determine that point with the greater precision, I first wrote to Dr. Harrison, to ask if he had ever heard of the sheep-pox in this country.

His letter, dated Nov. 20, 1802, is as follows:

"I was favoured with your letter a few days since, and shall have great pleasure in giving you every information in my power, relative to that curious disorder the claveau des moutons. After many inquiries, I have reason to believe that it is unknown in every part of this island. It differs equally from the rot, or pourriture, which is a complaint of the liver, without any eruption; and from the scab, or la gale, a chronic affection of the skin unattended with fever; though it has been improperly confounded with both.

"Indeed, the complaints of sheep are very little understood;

stood; and it gives me great pleasure to find, that you think them worthy of your consideration. My attention was accidentally called to the subject more than twelve months since; and hitherto I have prosecuted the inquiry, principally, from an idea that it will enable me to throw new light upon the disorders of mankind.

"The claveau des moutons is a febrile and an eruptive disease. It resembles the small-pox in so many particulars that I am inclined, from analogy, to believe it may be superseded by cow-pock inoculation. If it were known in this country, I make no doubt that you, to whom the friends of humanity are under so many obligations, would soon favour us with much useful information, concerning the influence of vaccine inoculation over this virulent and dangerous malady.

"Sir Joseph Banks has forcibly pointed out the great danger of importing the claveau into this country, with the Spanish sheep, which our breeders introduce for the improvement of their flocks. It is a subject of national importance, and the public are much indebted to Sir Joseph for the cautions he has recommended.

"If the claveau once makes its appearance in Britain, we may have great difficulty in exterminating it from among us. I think, when sheep are first brought into the island, the importers should be obliged, under severe penalties, to keep them apart from all others, till they are satisfied that no danger is to be apprehended. By attending sufficiently to this precaution, we shall be in less danger of suffering from the ravages of a complaint, which proves fatal to so many sheep upon the European continent, and from which we have hitherto remained free, in consequence, I conceive, of our insular situation.

"I thank you for your obliging inquiries about my little Treatise on the Rot in Sheep, and other Animals. It was inserted in No. 56, of Mr. Young's Annals of Agriculture. I am preparing a new edition of it for the press; which I expect to publish some time next spring.

"I am, &c.

"E. HARRISON."

On referring to the Annals of Agriculture, I met with much unexpected information concerning the sheep-pox; but finding that I was anticipated in my intention of being the first to announce that the disease has been known in England, I deferred writing any remarks on the subject, till,

till by further investigation, I should be able to add something to the stock of information already acquired.

In the work before mentioned, for the year 1803, p. 631, Sir Joseph Banks has published a caution to the importers of foreign sheep; in which he says, "This dreadful malady having made considerable ravages in many countries on the Continent, and certain individuals having of late years been in the practice of importing Spanish sheep; it well deserves their attention that such a distemper exists, and would, if brought into this country, prove a very serious misfortune.

"Fitzherbert mentions it as known in his time, (*Certain Ancient Tracts concerning the Management of Landed Property*, 1767, *p.* 41) and, under the name of *Claveau*. It is largely treated of in Carlier's *Traitè des Bêtes a Lain*, quarto, vol. ii. p. 519. He describes it as being exceedingly infectious, and fatally destructive to flocks; spreading rapidly over a whole province."

In p. 632 of the same volume of the Annals, are the following observations "On the Pock of Sheep, by Mr. Westfield of Weenda.

"Though I believe I am pretty well acquainted with what has been written by English authors on the subject of husbandry, yet I do not recollect, in any of them, to have met with an account of the pock incident to sheep.

"From this circumstance I concluded that the disease was not to be found in England; and the more so, as a paper in one of the English journals, published about the year 1790, gives an account of the sheep-pock only from French writers on this subject.

"As to the nature of the disease, it bears the greatest resemblance to the small-pox of children. According to what we know and conjecture, it never makes its appearance but from infection; for I have always been able to trace its origin and propagation, in all cases which have fallen under my observation.

"The pocks always make their appearance after a fever, accompanied with a swelling of the glands. They appear as red spots; which gradually undergo suppuration; then they dry, and drop of.

"The disease has three periods; which, however, as to their duration, are not quite regular. From the moment of infection to the eruption of red spots, there are generally seven days. After this period, they require nearly the same space of time to arrive at complete suppuration.

"When this has taken place, the drying and falling off succeed,

succeed, after a short space of time; but not seldom the disease terminates in malignant ulcers; which will last for several weeks. As it is no easy matter, in this case, to determine what is the pock itself, or only the consequence of the ulcers produced by it, the duration of this period becomes less certain.

"The sheep-pock is a most ravenous disorder; where a flock is attacked by it, more than half of the sheep are destroyed; and the remaining part is generally unhealthy, and not fit for any farther use. According to my observations, the danger never appears in the two first periods; but constantly in the last, viz. in that of drying and falling off.

"The pustules appear particularly on the naked parts of the body of the sheep; viz. on the belly, between the legs, and in the face. The parts covered with wool are, indeed, not free from being attacked; but such a case is less frequent, and less dangerous.

"Of the naked parts, they appear most frequently in the face; upon and round the eyes and the mouth; as also in the cavity of the mouth, and the nostrils. Those round the eyes are apt to become confluent, and cause very malignant sores; so as to drive the eyes out of their sockets. When they occupy the parts round the mouth, they prevent the animal from taking any nourishment, and cause it to die of hunger.

"Within the nostrils, they cause very considerable inflammation and gangrene. Those subsequent accidents appear to prove more fatal than the original disease; for in most cases the animals seldom die before the twenty-first day, on which the distemper terminates; but often from eight to twenty-one days after this period. Upon dissection, no pustules could be discovered in the internal parts.

"The natural infection was not communicated to other sheep at any great distance; and I am inclined to believe, that it only takes place from immediate contact. My sound flocks remained free from the disease, at the distance of three hundred feet from those which were infected.

"The virus retains its infectious quality a considerable time. A sound sheep introduced into a flock in which the disease had ceased for twenty-nine days, was infected.

"Infection may be produced by different substances taken from the diseased sheep. I have inoculated with bloody lymph, with fresh purulent matter, and with scabs; and in all these cases, the pock was produced. The least quantity

quantity of the virus imaginable is sufficient to effect inoculation.

"It is now proved by pretty general observation all over Germany, that inoculation is the most effectual means of preserving the flock; of three hundred and fifty sheep, which I caused to be inoculated with the sheep-pox, not one has died, nor become unhealthy.

"Whether the cow-pock will preserve sheep from the sheep-pock is yet undecided. According to my own observations, the former does not apparently affect sheep; for which reason I have discontinued my experiments."

Having mentioned this object of my inqniry to Major Magra, from whom I received the intelligence I some time ago published in this Journal, concerning the pustulous disease of turkies on the coast of Africa, he told me, that Mr. Elman, who has the care of the famous South-Down flock belonging to Lord Viscount Hampden, is celebrated for his knowledge of the diseases of sheep; and kindly offered to write to the Hon. Mr. Trevor on the subject. From Mr. Trevor's answer, dated Glynd Place, Dec. 16, 1803, I derive the following information.

"There has been no appearance of the disease called small-pox amongst any of the flocks of this county, since 1762 or 1763. In that year most of the flocks in the western part of the county were affected with it, and lost great numbers.

"The symptoms were a great drowsiness, and an eruption of pustules, like those of the small-pox, in the face, and under the arms; which, in those that recovered, filled with a considerable quantity of matter, and afterwards turned to a dry scab. It left marks behind, which were visible as long as the animal lived. The old fat wethers suffered most.

"This disease came from the westward, and was communicated to the neighbouring flocks in the same Downs. Its source was not accurately traced.

"Those flocks suffered least, in which the affected sheep were separated as early as possible from the sound.

"The remedies employed are not now known."

One of the principal objects of this Memoir, was to give an analysis of Dr. De Carro's late publication; and, I apprehend, it will not be deemed inconsistent with that purpose, to add a few extracts from a letter I received from him, dated Vienna, September 8, 1804. It contains a testimonial relative to the Portsmouth cases, similar to those from other respectable quarters.

"Accept

"Accept my best thanks for the pamphlets which you were so good as to send me by Mr. Aveling. I was already acquainted with Mr. Goldson's work. I wish I could shew you the copy which was first sent to me. You would see the marks which I made with a pencil at almost all the same passages where I find your's, in the copy which I received from you.

"My opinion of his performance was, that he had been much too negligent in ascertaining the genuineness of his vaccinations; and that he laid too much stress upon the effects of his variolous inoculations. I looked on those he describes, as merely the consequence of a common cuticular inflammation; such as is produced by most kinds of morbid matter; which sometimes, though rarely, excites a fever.

"It appeared to me, that the whole pamphlet shewed much less information upon vaccination in general, than any man who undertakes to write against a practice sanctioned by the whole world should possess; and I could not help entertaining suspicions concerning the author's partiality for the practice, when I found that so late as the year 1802, he continued to inoculate for the small-pox.

"How any man who understands vaccination, can still continue to practice inoculation for the small-pox, is to me absolutely inconceivable. We see no such thing at Vienna. No practitioner seems to recollect that the inoculation of the small-pox ever existed. If any one wished to revive the practice, it may be doubted whether he could find parents who would permit it; or matter to accomplish his design. I have no doubt, however, but the title of Mr. Goldson's pamphlet must have done some mischief; but I trust, your able answer will diminish its effect.

"You have afforded me the greatest pleasure possible, by giving me an opportunity of reading Mr. Anstey's elegant Latin Ode. It is a rare thing, in our days, to meet with such classical Latin."

After speaking in flattering terms of the translation of that Ode, Dr. De Carro concludes in the following manner; alluding to an expression in my answer to Mr. Goldson, he says, "You will, perhaps, be offended with me; *equo credo; lympham equinam quotidie insero, illamque in ditiones Austriacas, innumerasque alias regiones Europæ et Asiæ, sine metu spargo.*

"Dr. Sacco sent me, last year, two sorts of equine matter; one taken immediately from a horse labouring under *giardoni*; the other from the same source, but already reproduced

duced in several human subjects. *Vale, et ama Docteorem De Carro, vaccinatorem et equinatorem; sed nunquam, sicut medici et chirurgi Portûs Magni, variolarum insitorem.*"

I am, &c.

New Street, Hanover Square. JOHN RING.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

HAVING been requested, both publicly and privately, to give my opinion of the preparation of the *Lichen Islandicus*, recommended by Mr. Reece in his pamphlet on that subject; and believing that a valuable article of the *Materia Medica* may become inert by improper administration, I have complied with the request.

Mr. Reece condescends to agree with all the celebrated physicians of the North, whose authorities I had quoted respecting the virtues of the Iceland moss, in pulmonary consumption; he also agrees with me, that it should be copiously administered; but he condemns at the same time the mode prescribed for employing it, and prefers his own powder or *farina*. This preference is the point which I am now called upon to consider.

He says, p. 3, of his pamphlet, "The bitter portion of this herb (which must be considered the principal agent in the relief of the phthisical symptoms) is readily imparted to boiling water by infusion; but by the long boiling necessary to extract its mucilage, this quality is nearly destroyed."

This assertion is the very reverse of the truth in every respect; the great virtues of the lichen are contained in a mucilage of a peculiar nature, which is rendered the more effectual by its combination with a bitter principle. I have pointed out, in pages 20, 21 and 22 of my work, the difference between this mucilage and all others hitherto known. This bitter principle does not evaporate by boiling, as Mr. R. erroneously supposes; a continued and uniform boiling is, on the contrary, necessary to extract the virtues of the plant. Cramer, Reiske, Ebeling, Schoneyder, who have all ably written on this vegetable substance, of which they have given different analyses, are of the same opinion. I shall say nothing of Mr. Reece's objections

objections to all the preparations of the plant: judgment alone, without any practical knowledge, is sufficient to refute them.

"This preparation of *farina*, (says Mr. R.) is free from the cortical and fibrous part of the herb. It possesses, *in perfection*, both the medicinal and dietetic properties."

Where does Mr. Reece find that the cortical and fibrous parts have nothing to do with the virtues of the herb? Upon what authority does he advance an assertion so contrary to all the facts hitherto known? After assuring us, p. 7, that his preparation possesses, *in perfection*, both the medicinal and dietetic properties, he tells, p. 9, that, "If the phthisical symptoms should indicate the use of the bitter quality of the lichen, *a greater proportion* than that contained in the farina, a concentrated infusion may be made by infusing three ounces of the plant, &c."

We must admit that Mr. R. might have been more consistent, had his partiality for his *farina* allowed it.

Mr. R. is not less apprehensive for the loss of the virtues of the lichen by ebullition, when given as medicine, than when administered as food; for which reason he carefully *avoids* much boiling. But he should know, that the constituent principles of the plant are extremely compact, and so strongly united together, that a considerable degree of boiling is necessary to render it susceptible of being decomposed in our system, and the nutritious part extracted from it. Mr. R. like many others, does not sufficiently discriminate between what is digested and what passes through the body; many vegetable substances are dissolved and absorbed by the whole absorbent system of the intestines, which is called the solution of the aliment, but not its true digestion. An aliment is digested only in as much as it is decomposed, transmuted, and its dissociated elements attracted, each by affinity, to repair the different solid and fluid systems. When, therefore, a vegetable aliment is introduced into the animal economy, without being decomposed, reduced to its elements, and appropriated or assimilated, it is only dissolved, and retains a part of its basis, which is a substance heterogeneous to the animal frame, and incapable of supplying the blood with the necessary principles.

Mr. R. will possibly refer us to the Icelanders, who habitually use the farina of lichen; but the ordinary food of that people is composed of gross aliments, which the inhabitants of our towns could not digest like the Icelander, accustomed to hard labour, and to live in the open and keen air,

Mr. Leeson's Case of Semiosseus Tumour.

Printed for Richard Phillips 71 St. Pauls Church Yd. Oct. 1804.

air, which furnish the blood with the necessary elements that raise the digestive faculties to their greatest height. But how could the digestive juices of our citizens, particularly of those who are weakened by disease, decompose this farinaceous substance, the extremely compact elements of which can only be disunited and rendered capable of assimilation with our fluids, by a preparatory decomposition? Besides, in the different modes of preparing this farina, the Icelanders submit it to a much longer boiling than Mr. Reece.

The above considerations have induced me to combine the Iceland moss with other substances, to be given as food; and with this view I make it undergo a preparatory elaboration, to render it more capable of assimilation with the different systems of the human economy.

I presume what I have said will be sufficient to demonstrate, how much Mr. Reece has been mistaken respecting the use of this herb, both as a medicament and as an aliment.

I now conclude this letter, which I fear is already too long, by referring your readers to the Medical and Physical Journal, for January, 1804, where other mistakes of Mr. R. are noticed, and of which I have made no mention above.

I am, &c.

Oct. 14, 1804. J. B. REGNAULT, M.D.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your very useful publication for August, 1803, you favoured me with the insertion of the case of Francis Otter; on which I proposed to furnish some pathological observations in a future number. Different circumstances prevented the completion of this design for a considerable time, during which the external appearance of the tumour has become so much changed, that the reasonings, formerly made, on the cause and origin of the disease, might now perhaps be scarcely considered to apply. I therefore laid aside my intention, until a more minute inquiry might confirm or destroy the opinions I had formed on the subject; which examination, the daily expected death of the patient promised to allow. But being, by the friendly assistance of Mr. Hartley, furnished with a drawing of the tumour in the present state, I have enclosed it, together with a short account of the progress of the disease during the

the twelve months which have elapsed since my last communication. At the date of the former account, July, 1803, it was observed, that the tumour was very much reduced, though some discharge continued; that this was probably only kept up by exfoliations about to take place, at the evacuation of which, it was to be expected that the sores would heal. This expectation was supported by the frequent escape of small pieces of bone, some in a boney, some in a cartilaginous state. After some time, small cysts arose on the surface occupied by the tumour, some of which, on being opened, discharged a gelatinous fluid, not uncommonly mixed with a half solid substance, appearing formerly to have been bone. These cysts continued to multiply, and when left to themselves ulcerated with frequent and considerable hæmorrhage, leaving unpleasant and painful sores. Still the patient maintained his strength, his appetite being unimpaired.

The annexed drawing may furnish some idea of the present appearance of the parts, and if compared with the engraving published in your Journal for August, 1803, will show, that the space now occupied by the various cysts is little less than that formerly filled up by the uniform tumour. The cysts, when examined by a probe, are found to communicate with each other; but the frequent occurrence of hæmorrhage has of late forbidden any very accurate investigation. On the right side of the drawing will be seen two sores, remaining from cysts lately ruptured; the centre shews a deep sulcus, from whence there is a constant discharge of ichorous matter, and not uncommonly of blood: below are small mammillary projections about to be the outlets to the cysts beneath them.

Having stated thus much in explanation of the drawing, allow me to call your attention to the origin, and thence to the probable cause of the tumour; in the progress of which, I conceive, nature has exhibited some of her most wonderful exertions. By reference to the first communication on this subject, it will be found, that the original injury was the fracture of a rib in a subject very far advanced in years. The accident was neglected, and an irregular callus was formed; a small tumour was observed to follow the immediate infliction of the injury. This tumour, I suspect was occasioned by a partial division of the intercostal artery, which pouring out blood at the time the process of adhesion and consolidation of the rib was going on, formed to itself a cyst. This cyst was for a short time stationary; but blood constantly flowing into it, produced an increase of bulk, from whence pressure on the surrounding parts was produced, and the consequence of pressure

was

was absorption. These several actions continued until the integuments were extended so much beyond the usual bounds, as to occasion the tumour first described, and ultimately to give way. Since that event, the irritation of different detached portions of ossific matter, and the effort to expel them, has occasioned the present tubercular appearance of the surface. Is it not a striking illustration of one of the laws of Nature, that in the progress of this tumour, all the effort for evacuation should be externally, and not through the peritoneum?

I am, &c.

Grantham, Lincolnshire, Sept. 13, 1804. B. LEESON, Jun.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the long paper I sent you a few days ago, I ventured to offer my doubts on the accuracy of the conclusions so positively formed by some medical men on the Case in Fulwood's Rents, (p. 384); and my scepticism is not lessened by the circumstances of a Case, which has occurred at the Central House within the last twelve days.

The history of it will need no comment On the 12th instant, an alarmed mother came to me with her infant. "Sir, I have left a child at home that has been ill for some days, and now the small-pox are coming out; what shall I do for this infant? they have slept together all along, and I am afraid it may already have it in its blood." Let me inoculate it, by all means; if the child be not already infected, the inoculation will prevent it; if infected, it will arrest the progress of the dreadful disease, and lessen its sufferings and the danger. Of the certainty of this I have continual experience; for when the small-pox breaks out in any corner of this metropolis, mothers from such neighbourhood, come flocking to me with their children; those not yet infected escape; those infected have it mildly, the vacciolous vesicle in such instances exhibiting its characteristic appearances without apparent diminution.

Yesterday the mother presented her infant with a complete areola on each arm; and was assured, that it was secured to her. The poor woman had piously hung over her other child till, dying in her arms, it had left on her afflicted countenance the marks of that disease which closed its eyes in death. On her grief and vigil-worn

 cheek

cheek, to which she had fondly pressed her suffering child, two large variolous pustules presented their hideous figure. What a lamentable thing that the other child was not inoculated! "Sir, I was quite easy about its safety; for some time ago it had a very great eruption; and no less than four doctors assured me that it was the small-pox."

Address of the protected child.—Richard Thomas, No. 6, Dorrington Street, Brook's Market; aged one year, three months.

Salisbury Square, 23 x, 1804. JOHN WALKER.

Account of Diseases in an Eastern District of London, from September 20, to October 20, 1804.

ACUTE DISEASES.		Chlorosis - - - - - -	3
Typhus - - - - - - -	2	Menorrhagia - - -	2
Ephemera - - - - - -	3	Vermes - - - - - -	3
Dysenteria - - - - - -	4	Ischuria - - - - -	2
Rheumatismus Acutus -	2	Rheumatismus Chronicus	17
CHRONIC DISEASES.		PUERPERAL DISEASES.	
Tussis - - - - - - -	11	Menorrhagia Lochialis -	5
Dyspnœa - - - - - -	4	Dolores Post Partum -	6
Tussis cum Dyspnœa -	9	Ephemera - - - - - -	8
Pleurodyne - - - - -	3	Abscessus Mammæ - -	2
Phthisis Pulmonalis -	2	Hæmorrhois - - - - -	1
Gastrodynia - - - - -	6	INFANTILE DISEASES.	
Dyspepsia - - - - - -	7	Diarrhœa - - - - - -	12
Hypochondriasis - - -	4	Aphthæ - - - - - -	5
Hydrothorax - - - - -	4	Tinea - - - - - - -	2
Ascites - - - - - - -	3	Vermes - - - - - -	3
Diarrhœa - - - - - -	17	Ophthalmia Purulenta -	2

The diseases which usually occur at this season of the year prevail at present to a considerable degree. Complaints of the stomach and bowels are now very general.

Diarrhœa and dysentery have more frequently occurred than cholera. The first of these indeed may generally be considered as a salutary effort of the constitution to throw off something by which it is oppressed, and is very seldom productive of any serious consequence.

Though it may be necessary to restrain it within proper bounds, yet too early an interference is often injurious. Dysentery, though a distinct disease, has, sometimes, been so nearly connected with diarrhœa as to be mistaken for a continuance of the same disease. In the dysentery, though there is a frequent inclination to go to stool, the quantity discharged is very small, and consists chiefly of mucus or

of

of mucus and blood. Some degree of fever usually attends the disease; but it will sometimes continue, in a chronic kind of state, for a considerable time after the fever has subsided. The solution of this disease is generally promoted by the discharge of fæces; and those medicines which have been employed, perhaps with some other intention, have proved useful, in proportion as they have promoted the evacuation of fæculent matter which has been retained in the colon.

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Schola Medicinæ, or the new Universal History and School of Medicine; translated into English from the original Edition, by W. Rowley, M. D. &c. &c. 1 vol. 4to. pp. 314. London 1803.

This extensive work, which cost the industrious author the principal part of his medical leisure during the last twenty years, contains the following parts or subjects, viz. Introduction, History of Medicine with Errors of Medical Sects, Osteology, Myology, Angiology, Neurology, Splanchnology, and a Compendium of Physiology, Pathology, and Symptomatology.

The *Introduction* contains a brief Synopsis of the original Edition, and a general explanation of the plates, which are numerous, and well calculated to elucidate the different subjects of the work.

In the history of medicine, Dr. R. appears to have paid great attention to the opinions and practice of Hippocrates, which he details under accounts of his anatomical knowledge, his theory of generation, his medical practice, his materia medica, the diseases of women and children, his midwifery, and, lastly, the surgery of Hippocrates, for at this time all these branches were professed by the same person. As we think a short account of this great man's *practice* in medicine will gratify many of our readers, we shall subjoin it. "In general, his practice is to keep his patients on the water gruel plan: to wait patiently, and watch diligently, for whatever course nature may take to expel the disease, in which salutary purpose he assists. Although his most common remedies are emulsions, hydromels, thin farinaceous ptisans and oxymels; yet, when necessary, he employs bleeding, purging, vomiting, and sweating."

The following Abstract will shew his use of particular remedies, as well as the state of the materia medica in his time.

 Barley

"BARLEY WATER, HYDROMEL, AND OXYMEL.—In acute diseases, and in epidemic fevers.

CASTOR AND MYRRH.—For the diseases of women, obstructions, and hysteric affections.

ACETUM.—For sore throats, ardent fevers, vomitings, phrenzy, peripneumony, pleurisy, inflammations, and viscidites.

GARLICK.—For cold phlegm, and inflammations of the lungs.

ALLUM.—To cure hæmorrhages, check uterine discharges, and strengthen the uterus, &c.

SPICES.—To promote the menses, and cure phlegmatic diseases.

FRESH OX GALL.—As a laxative to kill worms, for purging suppositaries, and uterine pessaries.

CANTHARIDES.—In dropsies, and to promote the urine, and menses.

DIET OF ONIONS.—For the jaundice, and to promote conception.

LONG ABSTINENCE FROM FOOD.—In dropsies, jaundice, diarrhœas, gouty, or rheumatic pains, asthmas, and disorders of the lungs and spleen.

CLYSTERS.—For pains and overfulness in the head, dry, hot, and windy cholics, pains of the womb, abdomen, pleurisy, fevers, pains of the loins, &c.

CUPPING.—For pains in the head and eyes, bruises, peripneumony, pains of the hip, and other parts.

ELATERIUM.—To purge bile, expel the fœtus, or purge in cancers, ulcers, jaundice, sore throat, &c.

FRICTIONS.—With oil, to strengthen weak joints, and relax stiff ones.

COLD BATH.—For faintings and hysterical fits, to restrain the menses, prevent miscarriages, rheumatic pains.

TO BE AVOIDED.—In diseases of the lungs, as asthmas, coughs, consumptions, &c. diseases of the liver, and tabes dorsalis.

JUNIPER BERRIES.—As a powerful diuretic, to provoke the discharge of urine.

ASSES MILK.—In excessive fluxes from the bowels or womb, for slow fevers, consumptions, and diseases of the lungs.

LINSEED.—In wounds and ulcers, and outwardly in emollient anodyne fomentations.

SOUR APPLES.—To be made into drink for fevers.

MECONIUM OR POPPIES.—For excessive fluxes, and pains in the uterus.

HONEY.—For fevers and inflammations as a resolvent. As a pectoral in coughs, and a laxative in clysters.

MINT.—A stomachic and cordial for vomiting, jaundice, and weak stomachs.

MYRRH.—For most disorders of the stomach, for obstructions of the menses, and to cleanse ulcerations in the mouth and gums.

NITRE FROM EGYPT, MORE LIXIVIOUS THAN OURS, OF A RED COLOUR. DIASCORIDES.—For sore throats, pleurisies, gouty and rheumatic pains, to purge phlegm from the bowels, water in an anasarca, for the schirrus womb, and indurations in general.

6 ORIGANUM

ORIGANUM OR THYME.—For cold phlegm, dropsies, jaundice, and all sluggish indolent diseases.

EGGS.—Their whites to be given in fevers not ardent, in the drinks, and their yolks for coughs in children, excessive uterine fluxes, and all weaknesses, or relaxations.

POPPY JUICE.—For hysteric pains, and convulsive disorders, hectic fevers, diarrhœa, and dysentery.

TAR.—Inwardly for ulcers, to expel water from the womb.

PEPPER.—Outwardly for the tooth ach, and for convulsions, or cramps.

CERUS OF LEAD.—For disorders of the eyes, skin, and sharp ulcerations.

PENNY ROYAL.—For fevers and hysterical diseases, and the diseases of women in general.

GALBANUM.—Recommended as an expectorant and promoter of uterine discharges.

REZIN OF TURPENTINE.—For inward ulcers, and excessive fluxes, and uterine diseases.

ROSE LEAVES.—For a diarrhœa, diabetes, and relaxation of the uterus, fluor albus, &c.

ELDER BERRIES.—To purge in dropsies and uterine diseases.

SCAMMONY ROOT AND JUICE.—To purge in the sciatica, nephritic complaints, and chronic diseases.

SQUILLS.—To purge in uterine complaints, and to be taken in consumptive cases.

TAPPING.—For a dropsy and *empyema.*

WHEY DRINK.—For the cure of ulcerations, consumptions, fever, and the gout.

ASSA FŒTIDA.—For hysterics, peripneumony, pleurisy, jaundice, and a very large dose to purge bile.

SULPHUR.—For ulcers, diseases of the lungs, and *cutaneous* disorders.

FRANKINCENSE.—For ulcerations, puerile asthmas, stomachic, and uterine complaints.

It does not appear, that Hippocrates gave powerful narcotics, to procure sleep; though in some few passages of his book, of the disorders of women, he speaks of the juice of poppy, as conducive to the cure of what we now call hysterics. He likewise takes notice of mandrake, but cautions against giving it in quantities, sufficient to cause madness; and he mentions much the same of henbane.

As to baths, suffumigations, fomentations, incissions, and gargarisms, he seems to have been perfectly well acquainted with their efficacy, and the proper seasons and manner of using them. He lays a particular stress upon ointments, but no where mentions plasters. Instead of these he frequently recommended cataplasms, in cases where, even we, perhaps, might find them preferable to plasters.

When bleeding, and the use of purgatives, which were his general means for diminishing the superfluity of blood, or humours, were

not sufficient, he then had recourse to diuretics. This he seems to insinuate in his work De Ratione Vict. in Acutis. All diseases terminate, or are cured by evacuations, made either by the mouth, belly, the bladder, or some other outlet; but sweat is common to all diseases, and equally terminates all. For these purposes, he sometimes ordered a bath, at other times sweet wine, garlic, onions, leeks, cucumbers, melon, citruls, cysticus, both sorts of apium, fennel, maidenhair, and night shade, as well as all acid substances. These several remedies he directed in various chronical disorders, after purgation, when he believed the blood to be still loaded with ichor. In some cases he excited a diaphoresis, but does not inform us how he produced it."

"His sentiments of the manners of a physician are worthy of attention. He says, he ought to dress decently, to be grave in his manners, moderate in his actions, chaste and modest in the conversation he is obliged to have with women; no idler, ready to answer every body with candour, sober, patient, always ready to do his duty, without disturbing himself; and he thought it requisite, for the credit of the physician, that he should have a *healthful look*, and a good complexion; for men are apt to suspect him who has not his own health, to be scarcely instrumental to procure another's.

But what he is justly entitled to admiration for, by practitioners in medicine, is, his generous acknowledgement of his mistakes, and ill success. A remarkable instance we find recorded in the fifth book of his Epidemics. For being called to Antonomous, who had received a wound in his head, he unfortunately mistook the wound for one of the sutures, and neglected trepanning him. Some days after, the patient being seized with a great pain in his side, and convulsions in both arms, he was sensible of his error, and tried the trepan, but in vain; for it being the fifteenth day, and the summer season, the patient died the next day.

This candid declaration of his ignorance being the cause of a patient's death, must be admired in all ages; but how few follow his steps in this particular! how eager we are for publishing our success, and how silently we draw a veil over our blunders! This great author desired of the gods, in recompence of his labour, neither riches, nor pleasure; but a long life in perfect health, success in his art, and to render himself famous to posterity. This desire of his, is declared in his oath; and it was accomplished in its full extent; for he lived one hundred and nine years, in soundness of mind and body. He succeeded so well in his art, that he has ever been regarded as the founder of it. He is to physicians, what Homer and Demosthenes are to poets and orators. He received, during his life, such great honours, as were never bestowed on any mortal. The Argians erected a statue of gold to his honour, and the Athenians decreed a crown of the same metal; passed an act, that himself and descendants should be maintained in the Prytaneum; and they initiated him into the great mysteries, an honour rarely conferred on strangers, and never before on any but

Hercules;

Hercules; and he has left behind him, in his works, an immortal reputation; for he has been always considered the original interpreter of Nature; and it is highly probable he will ever preserve his glory, which above two thousand years have not yet robbed him of. And though, even now, some designing professors make a point of obscuring the brightness of his fame, by unmeaning sneers, and dark insinuations; yet we are of opinion, that our ancient author will revive, and receive additional lustre, when the works of such men perish, and are lost in that oblivion they jusly merit. This excellent man died in Thessaly, in the second year of the hundred and seventieth olympiad, three hundred and forty-nine years before the birth of Christ, and was buried between Larissa and Gortona."

(To be continued.)

Experiments proving Vacciolation, or Cow-Pox Inoculation, to be a permanent Security against Small-Pox; with Facts and Remarks. By Samuel Hill, *Surgeon, Town of Portsea, and Surgeon in the Royal Navy.* 8vo. pp. 47. Portsea, 1804.

It must afford peculiar satisfaction to the advocates for the Jennerian Inoculation, that in that quarter where its failure was supposed to have been detected, the most lucid proofs of its efficacy, when carefully administered, have been exhibited. In this pamphlet, dedicated to the President and Members of the Royal Jennerian Society, the cases, perspicuously detailed, very completely establish the position of the title.

"Vacciolation," says the author, "has been found to be, beyond dispute, a permanent prophylactic against variolous infection; the immense mass of evidence, collected in England alone, and laid before a committee of the House of Commons, by the first medical characters and other men of science, in the United Kingdom, and upon which that committee decided, is sufficient to stamp its value without the aid of foreign testimonies. It may however be remarked, that it is now practised in most parts of the known world, with an astonishing success: in short, in all the quarters of the globe, respectable medical men, as well as other philanthropists, are humanely extending its benefits to thousands; many of whom might otherwise fall victims to the greatest enemy of the human race, the small-pox.

"I commenced the new practice December 5, 1800, and from that to the present period have vacciolated two hundred and thirty, not one of which number has ever taken the casual small-pox, though exposed to its effluvia in all possible ways; many of them having been in contact repeatedly, and even put into the same bed with those who had the confluent small-pox so bad as not to survive that dreadful and truly loathsome disease."

"To extreme care in the choice of vacciolous matter, and particularly in vacciolation, with an attentive observance of the progress of the vesicle, areola, &c." Mr. Hill attributes the success he has had. "At all times when in my power, I had the subjects to

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be vacciolated carried to the houses where those resided, from whom I was to take vacciolous matter; and this always on the eighth day or early on the ninth from vacciolation; I do not recollect ever using matter taken before the former period or after the latter."

Considering the promptness with which some gentlemen resort to experiments, with doubtful matter, on subjects not yet protected, we cannot withhold the following accounts; nor refrain from observing, that the last case of the author's is unhappily not the only one on record of 'wisdom at one entrance quite shut out' by the variolous inoculation.

"Before I proceed to relate the experiments, I will beg leave to mention some unfortunate cases of small-pox, which I have witnessed in the course of my practice.—In 1797, I was desired to visit a female child in St. James's Street, Portsea, who had the casual small-pox of the confluent kind, very full; and she was altogether so ill as to allow me to pronounce a very doubtful prognostic. The parents informed me that there was a pustule on the left eye, on which account *only*, they wished my advice. On examination the seventh day from the first appearance of the eruption, I discovered a pustule, fully maturated, on the pupil: I told them, that if the child escaped with life, she would certainly lose the eye; as I conceived it had (the pupil) already suppurated: they said, that if I could not promise to preserve the sight, I need not take the trouble of repeating my visit; but, in the course of eight hours afterwards, they again sent for me in haste, and shewed me the remains of the pupil on a piece of paper, which had been forced out of the orbit in a fit of coughing. This child escaped with life: the tunica albuginea, seemed, after a time, to fill up the vacuum occasioned by the loss of the pupil and iris, which last had also suppurated: the child had a most ghastly appearance.

"I was desired to visit a child of Mr. Palmer, of Hanover-Street, Portsea, in 1799, aged ten years: I found her with symptoms of fever, which ran so high, and the head was so much affected, that I apprehended she would not live till morning, if she was not relieved by an eruption. Some blood was taken from the arm, and the bowels opened by an aperient cathartic, and she was put into the warm bath; the day after, July 7, eruptions appeared, which soon proved to be small-pox. The feverish symptoms now abated, and the head, comparatively speaking, was well. About two hundred pustules maturated, three or four of which came on the pupil of the left eye, which occasioned the loss of it.

"The daughter of Mr. Harfield, then about eighteen months old, was taken ill in the summer of 1803, with feverish symptoms, which proved to be small-pox. I was asked to see her on the eighth day of the eruption; a pustule appeared on one of the eyes: the child had the disease very light, but had the appearance of violent ophthalmia. Every thing was done to moderate the local inflammation, which was treated the same as if the small-pox had been out of the question; but without obtaining the desired end;

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the pupil suppurated, and was discharged in the shape of pus. This poor child is now living, and whenever I see her, I lament that she had not been previously vacciolated.

"I was desired to see the infant daughter of Mr. Bruce, Half-way-houses, Portsea, the seventh day after the small-pox appeared. She had been inoculated by a woman, and over the whole surface of the skin I could not reckon more than thirty pustules; and very unfortunately one of those came on the pupil of one of the eyes; the loss of the sight of which was the consequence. To these unfortunate cases, a long catalogue may be added, exclusively of those who have died of the small-pox. In the course of my diurnal visits to different parts of the island of Portsea, I frequently meet some of the children who are subjects of the preceding cases, which never fail to bring to my mind the unbounded goodness of the Deity, in furnishing an antidote to this pestilential disease, through the great and truly philanthropic Dr. Jenner. Contrasting the mildest state of variolation, or small-pox inoculation, with vacciolation, there is a great balance of good, in favour of the latter, which neither occasions death nor loss of sight; nor does it produce scrophula, or any other complaint likely to render life unpleasant: and if I here allow, for argument's sake, (for on no other principle can I allow it) that the cases lately brought forward as failures, are really so; considering the little inconvenience which attended the subjects of them, and the few eruptions which were produced, still it would not make against the general practice of vacciolation: for I beg leave to ask, where is the fond parent who would not with extatic delight court vacciolation, for his or her, perhaps, only child, to ensure so mild a kind of small-pox, and thereby escape all the horrors and deformities of those children, whose cases I have just related? I would add, that in my opinion, if all the cow-pock cases, in these towns, from 1800 to the present time, were failures, they could not make much against the new practice—it would, comparing these towns, to all others where it has been crowned with such astonishing success, appear but as a single drop of water compared with the ocean, or as an atom of matter to the globe itself."

After this exhibition of some of the dire effects of small pox, which fell under the author's immediate notice, he gives some appropriate extracts from Dr. Tytler's translation of the Pædotrophia of Scevole de St. Marthe.

The ten experiments instituted by Mr. Hill between three and four years after vacciolation, had nearly the same results as those of Mr. Creighton and the other gentlemen we have mentioned in our late Numbers.

"In all the preceding experiments, it is remarkable that very early inflammation took place; and that the punctured part rose above the surface of the skin in twenty-four hours after the insertion of the matter. In Mr. Gain's child, as early as twelve hours from variolation, inflammation and elevation had both taken place. Itching was more or less troublesome in all the experiments: and much more so than ever I saw in small pox inocula-

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tion. This early inflammation served to confirm me in my opinion, that their habits were impervious to variolous matter in the way of inoculation; and their resisting the casual small pox, certainly proves that they were rendered insusceptible of it, by the previous vacciolation. Nature, by promptly assembling her forces, at the very point where the enemy had assailed her, shewed that she was determined he should not enter her dominions: she therefore wisely carried on the contest at a distance from the capital, and the enemy experienced a defeat at the very place where he had hoped to gain a victory.

"The inflammation and punctures in all these experiments were of a darker colour, and had a harder feel, than in common small pox inoculation; the hardness was always longer going off than either inflammation or eschar. I have no doubt that I could, with lymph from the punctures, have given the small pox to any one susceptible of that disease.

"Having now completed these experiments, I shall hereafter hold it imprudent to variolate after vacciolation; and I shall decline in future putting my young patients to that test, except at the particular desire of parents; for it has been proved by experiments heretofore, as well as lately made, that morbific matter, and particularly the variolous, cannot always be introduced between the cuticle and cutis with impunity. If vacciolated persons will resist the casual small pox, which there can be no doubt of, it is quite sufficient.

"I will relate a case which occurred in 1801, which greatly tends to recommend the general practice of vacciolation, and particularly under similar circumstances.

"I was called to a poor woman in Havant-street, named Perkins, who had that same day only arrived from Plymouth in one of his Majesty's frigates, on board of which her husband served in the quality of a quarter-gunner. The poor creature fell in labour in the course of four hours after she took possession of her lodgings, and of course no accoucheur had been provided; nor indeed any preparation made for the event; in less than an hour the infant was born. Having retired into another apartment, I was much hurt on re-entering the bed-chamber half an hour after, to find her in tears. Upon enquiring what the cause was, she said that she was no sooner out of one trouble than she had fallen into another, for a child was lying dead in the next room, and another extremely ill, both of the small pox. She then asked me to inoculate her infant from the surviving child; it had the confluent small pox very full indeed, and being the month of July and very warm, I told her I thought she had better not think of it. I then mentioned cow-pock inoculation, and recommended it as likely to preserve the life of her infant; she consented, and it was immediately vacciolated (with matter taken from Mr. Purver's child the preceding month) before it was an hour old. It went through the progress with the greatest regularity; the eschar did not fall off till more than five weeks from vacciolation, and a beautiful characteristic mark was left on the arm.

MEDICAL

Medical and Physical Intelligence.

PLAN of the ROYAL SUSSEX JENNERIAN INSTITUTION.

I. That as his Royal Highness the Prince of Wales has been graciously pleased to honour this institution by his patronage, it be denominated "The Royal Sussex Jennerian Institution," for the Extermination of the Small-pox.

II. An annual meeting of this Institution is to be held on the day appointed for the meeting of the Agricultural Society at Lewes.

III. A subscription of five guineas at one payment, or of one guinea annually, constitutes a Governor; and a Governor is entitled to recommend patients for the benefit of this institution.

IV. A Board of Directors shall be formed, consisting of a President, Vice-President, and 24 Members, who are Governors of this Institution, and not of the Medical Profession, five of whom shall be a quorum; one third of this Board shall go out annually, and the vacancies shall be supplied by lot, from the list of the Governors. They shall meet annually, at the above mentioned time, or oftener if expedient, to take into consideration the general interests of the Society, and to receive the reports of the Medical Council. This Board shall be empowered to frame laws and regulations, by which the Institution shall be governed; and they shall order the Trustees to pay such monies as shall appear to have been expended in forwarding the views of the Institution.

V. Trustees shall be appointed by the Board of Directors, who shall manage the pecuniary concerns of this Society, and order the Treasurer to make the necessary payments; they shall examine the Treasurer's accounts, previous to their being laid before the general meeting, or oftener if deemed expedient: — they shall be empowered to invest in their own names, for the use of this Society, such sums in the public funds, as shall be unappropriated by the Board of Directors.

VI. Mr. Whitfield is appointed Treasurer, who shall be empowered to receive subscriptions for forwarding this Institution; he shall keep a regular account of receipts and disbursements, and lay such accounts before the Trustees at least once a year, and oftener if deemed necessary; and he shall pay monies upon the order of the Trustees, giving in writing.

VII. A General Court may be convened by five Governors, expressing their wish in writing to the Secretary of the Institution, and Medical Council; who shall call the same by notice in the Lewes paper, at least one week before such meeting be appointed to be held.

VIII. Parish Officers shall be requested and enjoined to have the paupers of their respective parishes immediately inoculated with Cow-pock, and the medical Gentlemen employed, are requested to keep a register of such patients as they may inoculate.

IX. A Medical Council shall be appointed, to consist of a President, Vice President and 36 Members, one-third of whom to go

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out annually in rotation, and the first 12 by ballot. No President or Vice President shall be chosen two succeeding years. This Council shall name 24 Medical Gentlemen, 12 of whom shall be chosen by ballot, to succeed to the vacancies, and from the new Council the President and Vice President shall be also appointed by majority of votes; and in case of an equal number of votes, the President of the last year shall decide; and this election is to take place at Brighton, the 17th of May in each year, being the birth-day of Dr. Jenner.

X. The business of the Medical Council shall be to superintend the Medical concerns of the Society; to appoint stations in the County for gratuitous Inoculation of the Cow-pock, and at which supplies of Cow-pock matter may be constantly kept: to give instruction for Inoculation, and to make a report of the progress of the same to the Board of Directors.

XI. The Medical Council shall meet the first Thursday of every month, or oftener if deemed necessary, five to be a quorum; and these meetings shall be alternately at Brighton and Lewes.

XII. The stations for gratuitous Inoculation shall be the following:—Chichester, Arundel, Midhurst, Petworth, Worthing, Steyning, Horsham, Brighton, Lewes, East Grinstead, Seaford, East Bourne, Battle, Tunbridge Wells, Hastings, and Rye.

XIII. At each station, a Surgeon shall attend two days in every week, viz. on the market day, and the fourth day after, between the hours of nine and ten o'clock, to inoculate gratis such persons as apply, and appear to be proper objects; no person to be inoculated who does not promise to attend on the days he is desired.

XIV. The Surgeons in each station, shall, in rotation, continue to perform this duty for three months, and it shall be conducted at the house of the acting Surgeon, who shall keep a register, and whose business shall also be to preserve virus according to the directions of the Medical Council; and to distribute it to such Surgeons in the County as may apply for the same; a list of whose names shall be preserved.

XV. The Physicians in each station, by rotation, are to attend gratis at such appointed days for the purpose of consultation on any doubtful cases that may arise; or on any other circumstance relating to this subject, that may require their attention; and they are to keep notes of remarkable occurrences.

XVI. The Secretary's duty shall be to attend Medical and General Meetings; he shall keep Minutes of their proceedings, and prepare them to be laid before the General Meeting. All letters relative to the concerns of the Society, (except for vaccine virus), shall be addressed to him, who shall lay them before the Medical Council. Registers kept, as before directed, shall be transmitted to the Secretary, at least one fortnight before the General Meeting, and he shall arrange and prepare such to be laid before the Medical Council, one week before the General Meeting.

XVII. The Medical Council is empowered to appoint any other stations for Inoculation they may think necessary, and to form any other

other regulations that may appear to them to forward the views of the Institution.

XVIII. The Medical Council shall occasionally communicate with, and at least once in each year transmit to the Secretary of the ROYAL JENNERIAN INSTITUTION in London, a general statement of the progress of this Institution; and an accurate account of the number of persons who shall be vaccinated under its direction.

Mr. EDLIN, in a letter to the Editors, dated Uxbridge, Oct. 8, 1804, says, "I should be obliged to you to have the goodness to announce in the next number of the Medical and Physical Journal, that I have in the press a Treatise on the Art of Bread-making; great part of it is worked off, and Mr. Hood informs me that it will be ready for publication some time in November. The intention of the work is to concentrate into one point of view every thing that is at present known respecting the manufacture of bread, in order that the knowledge of an intricate and interesting subject, which has hitherto been very imperfectly explored, might be diffused through every class of society. And to accommodate it to the inferior orders of men, it will be printed in as cheap and compact a form as the quantity of letter-press will allow.

The subjects that are proposed to be discussed are divided into the following heads:

1st. The Natural History and Cultivation of Wheat. 2d. The Mealing Trade, including the grinding of Wheat and dressing it into Flour. 3d. The Analysis of Wheat Flour. 4th. The Analysis of Yeast. 5th. The Theory of Fermentation in Bread. 6th. The Preparation of Bread, including a compleat Account of the Baker's Mode of making Bread and Rolls. 7th. The Substitutes for Wheaten Bread. 8th. The Preparation and Preservation of Yeast. 9th. The Structure of a Bakehouse. 10th. The Assize Laws and Manner of regulating the Price of Bread.

Dr. BEDDOES, in a letter to Dr. Bradley, says, that various interruptions prevented him in the first place from forwarding the concluding Observations on the Influenza; and that latterly he expected to be able to obtain from the Continent, some valuable intelligence as to its course; a part of its history so necessary towards judging of its contagious or non-contagious nature.

He adds, that immediately on the close of the present year will be put to press an ample Report of the Proceedings at the Preventive Medical Institution. This institution would enable him immediately to give full employment to an additional medical assistant, who, besides being worthy of recommendation on account of his diligence and moral qualities, should be well acquainted with the common doctrines and practices of medicine. Dr. B. conceives, that among medical students who have gone through their elementary instructions, and are not immediately disposed to settle, there must be many, to whom the situation would be highly advantageous, especially, as to ample experience it would add opportunities of human and comparative anatomy, physiological researches, &c.

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A Meteorological Table, by Dr. HIGGINS, *of Brompton.**

Days of the Month.	Thermometer. 8 o'Clock Morning.	Thermometer. Noon.	Thermometer. 10 o'Clock Night.	Height of the Barometer. Inches. 8 o'Clock Morning.	Height of the Barometer. Inches. Noon.	Height of the Barometer. Inches. 10 o'Clock Night.	Deg. of Evaporation by the Hygrometer.	WEATHER.
Sept. 20	64°	68°	65°	30.16	30.16	30.16		Fair.
21	63	67	62	.20	.19	.21		Cloudy.
22	56	62	55	.31	29.96	29.84		Cloudy.
23	57	59	56	.06	30.[illegible]3	30.19		Fair.
24	55	58	54	.24	.27	.34		Windy, with showers.
25	53	60	52	.52	.64	.71		Showery.
26	52	58	55	.86	.87	.83	52°	Cloudy.
27	60	63	58	.68	.63	.64	38	Cloudy, with rain at night.
28	59	62	57	.64	.63	.64	31	Cloudy.
29	58	60	56	.57	.47	.34	18	Cloudy, with slight rain.
30	57	59	58	26	.18	.02	17	Showery, rain at night
Oct. 1	59	63	60	29.96	29.92	29.86	16	Cloudy, with slight rain.
2	59	64	61	30.04	30.04	30.12	18	Cloudy, rain in the night.
3	62	65	59	.09	.01	.02	38	Cloudy, with slight rain in the morning.
4	58	64	57	.07	.05	29.83	34	Fair, rain and wind at night.
5	59	63	56	29.64	29.72	30.16	40	Fair.
6	54	61	58	30.44	30.39	.37	43	Fair.
7	59	62	57	.25	.12	29.77	22	Rain, stormy at night.
8	56	59	54	29.87	29 90	.86	29	Fair.
9	52	55	45	30.06	30.18	30.36	36	Fair.
10	46	55	51	.43	.34	.05	25	Fair till noon, then continued rain.
11	59	61	42	29.61	29.51	29.46	11	Rain.
12	46	54	38	.47	.39	.40	25	Showery, with hail.
13	41	52	46	.62	.64	.58	26	Cloudy, rain at night.
14	50	58	52	.38	.38	.17	23	Cloudy, rain in the evening.
15	53	57	40	.31	.32	.56	27	Cloudy, fair in the evening.
16	45	53	40	.82	.87	30.02	33	Fair.
17	50	60	42	.93	.89	29.98	28	Showery, with a thunder storm.
18	9	58	50	30.21	30.20	30.24	22	Cloudy, with slight rain.
19	56	62	5	.25	.20	.07	30	Cloudy.

* Agreeably to the request of the Editors, I have made the necessary observations; and find that my house is situated as nearly as possible W. by S. from St. Paul's, and that its elevation above the high water mark at Chelsea, is not more than 12 or 15 feet.

I have added an additional column to the present month's table, shewing the degrees of evaporation by an hygrometer, constructed nearly upon the principle of Mr. Leslie's; and next month, if agreeable to the Editors, I propose giving the degrees of heat by the Centigrade as well as Fahrenheit's thermometer, for the purpose of shewing the simplicity of the one, when compared with the other.

ERRATA.

P. 305, l. 6, from the bottom, dele the words "but once."
324, l. 4, place a semicolon after "time;" and dele the pronoun "that."